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ABSTRACT

Noting that by assuring well-child health care, screening, assessment, and follow-up for every child, Head Start can make a significant difference in children's lives, this training guide is intended to provide support to enhance the quality of Head Start well-child health care. The three training modules of the guide are organized to provide learning opportunities in workshops or smaller sessions. Each module contains: (1) outcomes; (2) key concepts; (3) background information; (4) questions for discussion and reflection; (5) learning activities; (6) points to consider; (7) next step ideas to extend practice; and (8) handouts. Module one, "What Is Well-Child Health Care and Why Is It Important?" addresses the importance of well-child health care and linking a family to a medical home. Module two, "Partnerships in Ongoing Well-Child Health Care," addresses the importance of supporting parents as health care consumers by accessing the available services in their communities. Module three, "Advocacy, Action, and Access," addresses the importance of reaching out into the community for collaborations that could improve delivery of services to children and families, and advocating for change where services are missing. The guide concludes with sections on continuing professional development for Head Start staff and additional resources. Appendices include recommendations for well-child health care, well-child health care fact sheets, and blank records and forms for use by participants. (Contains an annotated bibliography and contact information for national organizations. (SD)

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ED 435 468

Training Guides for the Head Start Learning Community

Well-Child Health Care: Making It Happen

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau

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Well-Child Health Care: Making It Happen

Training Guides for the Head Start Learning Community

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau

This national training guide was developed by James Bowman Associates, San Francisco, California, under contract #105-93-1578 of the Head Start Bureau, Administration for Children and Families, Department of Health and Human Services.

Photograph courtesy of Steve Caulfield and the Mahube Community Council, Detroit Lakes, Minnesota.

1998

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Preface

By assuring well-child health care, screening, assessment, and follow-up for every child, Head Start can make a real difference in the lives of children and families. Latrice tells us her story:

"My son Jamal began Head Start when he was four years old. Through my Family Service Worker, I found out that he had not received his state recommended shots. Our Family Service Worker also asked about Jamal's baby sister. She needed her shots too. Upon realizing that we had no regular health care providers, we sat down together and found the phone number for the nearest clinic. I got my family enrolled in a program of well-child exams and regular immunizations. So I took both of the children to the clinic for their checkups and shots. I found out it was a good thing, too, because that winter when our neighbors' babies were really sick with whooping cough, my children were fine. I feel very much at home at this clinic—I recommended it to my sister for her prenatal care.

Three months into the Head Start program, a teacher's aide noticed Jamal was always thirsty and needed to go to the bathroom often. I took him back to Dr. Spencer and a blood test showed he has diabetes—the same disease his grandpa has. I felt overwhelmed and scared. I didn't know how to give insulin or cook for him now.

With the help of the Head Start staff, my clinic set me up with a dietician and together we came up with menus using a lot of our family recipes. The nurse taught me all about giving shots and testing Jamal's sugar levels. There's even a Diabetes Support Group I attend to 'get things off my chest'—my fears and all. I don't worry about him at school because the staff knows when to give Jamal his snacks and the right types of food to give him. I feel like I have a whole team of people behind me to keep my baby healthy."

The cornerstone of well-child health care is establishing a linkage and partnership between children and families and a "medical home." The "medical home" provides an ongoing source of continuous, accessible medical care, even after the child has left Head Start. Health care begins before a child is born by pregnant women's entrance into comprehensive prenatal care.

Preface

Jamal's story shows the importance of well-child health care and the vital role of Head Start staff as key players in a broader network of community support for children and their families. Without the observations of an astute aide, Jamal's diabetes may have gone undetected. Well-child health care is everyone's role; not just those with "health" in their job title. Ongoing observations throughout the year can pick up new or recurring health problems.

Latrice's comments show us how Head Start is most effective when it works in active partnership with parents: parents empowered by skills and knowledge. Latrice initially faced Jamal's chronic illness with anxiety and fear. But with the partnership of a dietician teaching her to adapt old recipes and a nurse teaching her to administer his medication, she can now face his illness with competence and confidence.

As a Head Start staff member, you have a key role in making a difference in a child's health—both now and in the long term. Who else has regular daily contact with children and families? Who better to link the children into a broader network of community services including medical, dental, vision, speech therapy, physical therapy, mental health, and counseling services? You can open the door to better health care for a family by first linking them to a "medical home" and then supporting follow-up for any identified medical needs. Through prenatal education, well-child health care begins before the child is born—a time when many health ailments can still be prevented. Ongoing health education helps the entire family.

Finally, working in partnership with families and community services, you have the opportunity to advocate for change—change that will improve services for families and meet the unique needs of your Head Start community.

The activities in this guide explore the challenges to assuring well-child health care and services for families, while enhancing skills to meet these challenges. The activities emphasize that a partnership between families, health-care providers, and all Head Start staff members is needed to promote well-child health care. Given the many challenges and changes in the Head Start population and health resources, each program must periodically re-evaluate how well it is doing in screening, linking families with health care, and advocating for better services with and for families.

One note of caution about using this guide—leading the activities in this guide can be challenging. It is best to use staff or consultants who are well-trained and experienced in health education, medicine, nursing, dentistry, or another area of public health or clinical care. Be sure that any trainer or coach understands both the facts of and the philosophy behind well-child health care. He or she must be well-versed in the Early and

Periodic, Screening, Diagnostic, and Treatment (EPSDT) requirements of your state. Provide any trainer or coach with background materials such as the appendices, fact sheets, and publications listed in *Resources*.

The *Training Guides for the Head Start Learning Community* are designed to help programs support and enhance quality. The Foundation guides are for all staff and set forth the core principles and practices that comprise the Head Start approach. Subsequent guides may be used by the management team to plan and implement staff development activities. Together, they make up a comprehensive staff development library covering all aspects of Head Start.

The concepts in this guide build on each other. For a comprehensive approach, users should proceed from the beginning to the end. However, the learning activities in this guide can be adapted to your own situation. For example, you may adapt a workshop activity to use with a smaller group or insert stories from your own program.

Training materials are effective only when they can be applied to the everyday work setting. Knowledge and skills that are developed in training must be supported by follow-up activities. The guide contains sections titled "*Next Steps: Ideas to Extend Practice*" and "*Continuing Professional Development*," which help users design long-term learning plans.

This guide was developed with the assistance of many Head Start programs across the country. We would like to thank the Head Start staff and parents who discussed the challenges they faced in dealing with well-child health care and screening, shared their stories, participated in trainings, and provided feedback on the activities. We appreciate the feedback provided by the Head Start Bureau, Regional Offices, and Head Start's nationwide training and technical assistance network. We especially value the detailed review and input provided by the guide's development team of Head Start staff members and health professionals.

Throughout the guide, ***Well-Child Health Care: Making It Happen***, we have inserted true stories from Head Start programs across the United States. These stories illustrate the many different ways that creative Head Start staff and families are forging the linkages needed for well-child health care. They are "making it happen" and we hope this guide will help you in your efforts, too.

Well-Child Health Care: Making It Happen...

A meeting of the minds:
Starting with a $5,000 seed grant from
Healthy Child Care America Campaign, the
Region VII Head Start Quality Improvement Center
helped host a planning summit attended by
Head Start, Healthy Child Care America,
Bureau of Maternal and Child Health,
Administration of Children and Families,
pediatricians, child care providers, and families.
The goal?
Bringing people together
to make a state plan for the
goal of child health.

Overview

Purpose

Many of us think of health care as something we need only when we are sick. But "well-care" can keep children and adults healthier by preventing disease and catching health problems sooner. Everyone in Head Start—families, staff, and health care providers—plays an important role in promoting health. Through advocacy and collaboration building, the health care system can be changed to best meet the needs of the community it serves.

Well-Child Health Care: Making It Happen can help Head Start staff:

- Develop a partnership between families and providers at a "medical home," where children have a continuous, ongoing source of accessible medical care.
- Evaluate the quality of their program's screening and exam practices and communication with parents, and thereby develop strategies for improvement.
- Understand and explain the importance of well-child health care to other staff, parents, and the community.
- Support parents in obtaining follow-up services for identified health needs and track provision of well-child services.
- Develop strategies to work with parents to advocate for needed health services and build collaborations among existing service providers to improve access for children and families.

Audience

This guide can be used by all staff; with a special importance for those staff members with responsibility for health services or building community partnerships around health issues.

Note:

Trainings should be conducted by staff or consultants who are well-trained and experienced in health education, medicine, nursing, dentistry, or another area of public health or clinical care. The trainer or coach must be well-versed in the Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) requirements of your state. He or she should be provided with background materials such as the appendices, fact sheets, and publications listed in the **Resources** *section.*

Introduction

Performance Standards

The Head Start Program Performance Standards require grantees and delegate agencies to attend to well-child health care in many ways. These include:

- Following a timeline for screenings and examinations, linking a child to a "medical home," and bringing a child up-to-date on immunizations.
- Providing link-ups with prenatal care, delivery services, and postpartum care for pregnant women.
- Tracking each child to ensure that immunizations and regular well-child exams are kept up-to-date and that follow-up plans for identified conditions are carried through.
- Providing mental health services for Head Start children and supporting mental wellness by providing staff and parents with education on mental health issues.
- Encouraging and supporting the active leadership of parents in their children's health care.
- Providing families with comprehensive information on available community resources and assisting parents through education to become well-informed, effective health care consumers.
- Supporting and encouraging parents to advocate for change in the health care system where needed—making it more responsive to their needs.
- Taking active steps—as Head Start staff members—in forming collaborative alliances among existing community resources to streamline delivery of services and promote access for families.

Orientation to the Guide

This guide, ***Well-Child Health Care: Making It Happen*** has eight sections:

- **Module 1: What Is Well-Child Health Care and Why Is It Important?**

  This module covers the importance of well-child health care and linking a family to a "medical home." It also teaches participants skills in reviewing health records and communicating identified needs to parents.

- **Module 2: Partnerships in Ongoing Well-Child Health Care**

  This module covers the importance of supporting parents as health care consumers by accessing the available services in their communities. Screening skills will be sharpened for Head Start programs that have decided to perform screenings on-site.

- **Module 3: Advocacy, Action, and Access**

  This module covers the importance of reaching out into the community for collaborations that could improve delivery of services to children and families, and advocating for change where services are missing. Participants will also learn the jargon of the health care system.

- **Continuing Professional Development**

- **Resources**

- **Appendix A: Recommendations for Well-Child Health Care**

- **Appendix B: Well-Child Health Care Fact Sheets**

- **Appendix C: Blank Records & Forms**

Module Sections

Each module is organized to provide learning opportunities for workshop (12-25 people) or for coaching (two-three people) sessions. Each has the following segments:

- **Outcomes:** The skills to be acquired by staff who participate in a module's activities.
- **Key Concepts:** The main ideas the module covers. These sections can be used as handouts or overheads.
- **Background Information:** Elaborates on the Key Concepts. This section can be used as a coaching resource or as an outline for a presentation to a group. Background Information sections can also be used for handouts or as overheads in workshop sessions.
- **Questions for Discussion/Reflection:** Listed at the end of each Background Information section. These questions can be used to initiate discussion in workshops and coaching sessions, or serve as prompts for staff journals.
- **Learning Activities:** Build the skills needed to achieve the module's outcomes. Managers can choose to use workshop activities, coaching activities, or a combination. Activities should be adapted to a group's size and composition: the management team, staff from one component area, or staff and board members together.
- **Points to Consider:** Issues listed at the end of each activity to keep in mind or to use as discussion prompts while working through the activity.
- **Next Steps: Ideas to Extend Practice:** Additional activities to reinforce the expected outcomes and help to transfer skills from the training sessions to the work setting.
- **Handouts:** Included at the end of each module. Trainers should reproduce the handouts as needed for participants.

Definition of Icons

Coaching	A training strategy that fosters the development of skills through tailored instruction, demonstrations, practice, and feedback. The activities are written for a coach to work closely with one to three participants.
Workshops	A facilitated group training strategy that fosters the development of skills through activities which build on learning through group interaction. These activities are written for up to 25 participants working in small or large groups with one or two trainers.
Next Steps: Ideas to Extend Practice	Activities assigned by the trainer immediately following the completion of the module to help participants review key information, practice skills, and examine their progress toward expected outcomes of the module.
Continuing Professional Development	Follow-up activities for the program to support continued staff development in the regular use of the skills addressed in a particular training guide. It includes: 1) opportunities tailored to the participant to continue building on the skills learned in the training; and 2) ways to identify new skills and knowledge needed to expand and/or complement these skills through opportunities in such areas as higher education, credentialing, or community educational programs.

At A Glance

Modules	*Activity*	*Time*	*Handouts*
Module 1: What Is Well-Child Health Care and Why Is It Important?	Activity 1: What If There Were No Well-Child Health Care? *(W)*	20-30 minutes	Key to Activity 1 *(For Trainer Only)*
	Activity 2: What, Why, and How of Screenings and Exams *(C)*	45-90 minutes	Appendix B
	Activity 3: The Well-Child Health Care Fact Game *(W)*	30-45 minutes	Question & Answer Key *(For Trainer Only)*
	Activity 4: The Importance of Well-Child Health Care and a Medical Home *(C)*	30-45 minutes	Handout A
	Activity 5: Sam's Story Part One–Assessing Need *(W)*	20-30 minutes	Handout B
	Activity 6: Reviewing Health Records *(W)*	30-60 minutes	Handouts C: Parts 1 - 5 Appendix B
	Activity 7: Explaining the Meaning of Screenings and Exams, and Ensuring Follow-up *(W)*	45-60 minutes	Handouts D-1 and D-2 Appendix B
Module 2: Partnerships in Ongoing Well-Child Health Care	Activity 1: Locating Services in Your Community *(W)*	30-45 minutes	Handout E; Performance Standards Section 1304.20
	Activity 2: Taking Inventory of Screenings and Exams *(C)*	20-30 minutes	Handout F
	Activity 3: Everyone's Role in Well-Child Health Care *(W)*	30-60 minutes	Handout G
	Activity 4: Exploring the Challenges *(C)*	30-45 minutes	Handout H
	Activity 5: Well-Child Health Care Dilemmas *(W)*	30-60 minutes	Handout I
	Activity 6: Sam's Story Part Two–Supporting Parents *(W)*	30-60 minutes	Handout J
	Activity 7: Observing is Screening *(C)*	60-90 minutes	Handout K
	Activity 8: Program Planning *(W)*	30-60 minutes	Handout L Appendix B
	Activity 9: Keeping Up—Tracking Health Services *(W)*	60-90 minutes	Handout C *(from **Module 1**)* Handout M; Appendix A Key to Activity 9 *(For Trainer Only)*

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Modules	Activity	Time	Handouts
Module 3: *Advocacy, Action, and Access*	Activity 1: Sam's Story Part Three–Advocating for Services *(C)*	60-90 minutes	Handout N
	Activity 2: Pathways to Care *(W)*	45-60 minutes	Handout O
	Activity 3: Services for Children *(C)*	30-60 minutes	Handout O
	Activity 4: JUMP: Jargon Used by Medical Providers *(W)*	30-60 minutes	Handout P Handout Q

(C) = Coaching Activity

(W) = Workshop Activity

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Well-Child Health Care: Making It Happen...

The challenge:
Coordinating over 10 service agencies
that spread over six counties and serve the
Fort Berthold Reservation.
The solution:
Communication, cooperation, and
an enrollment form that permits
sharing of information
between all the services.

Module 1

What Is Well-Child Health Care and Why Is It Important?

Outcomes

After completing this module, participants will:

- *be able to explain the importance of well-child health care to other staff, parents, and community members;*
- *understand the concept and benefits of a "medical home" and work in partnership with parents to link their families to a "medical home;" and*
- *gain skills in reviewing health records for completeness, following up on identified needs, and discussing results in records with parents.*

Key Concepts

The cornerstone of well-child health care is establishing a partnership between children and families and a "medical home." The "medical home" provides an ongoing source of continuous accessible medical care.

Well-child health care consists of providing the child with regularly scheduled check-ups with a health care provider. It includes the following:

- **Health history of the child**
- **Screening tests to identify health conditions that might need further assessment or treatment**
- **Examination of the child**
- **Treatments to prevent disease**
- **Education and counseling to promote health**

Well-child health care helps to keep children healthy. The earlier a child's health needs are identified and met, the better it is for the child and family.

It is important to read and understand each child's complete health record since existing health problems are interrelated with screening and exam results. All results and follow-up should then be clearly explained to parents.

Background Information

A. Well-Child Health Care—What It Is and Why It's Important

The cornerstone of well-child health care is a partnership of children and families with a system of health care that ensures families have a continuous, ongoing source of accessible medical care. This source of health care is termed the "medical home." The health care provider might be a physician, nurse practitioner, or traditional healer; the "medical home" might be located in an office, clinic, or other setting. The health care provider works in a collaborative partnership with the parents and Head Start staff. She or he gets to know the family and coordinates the child's health care during healthy times, illnesses, injuries, and other health conditions. Through linkage to a medical home, a child can be put on a program of regularly scheduled immunizations and early and periodic screenings. The medical home is important for all children, especially for those with health problems. The relationship between families and the medical home will hopefully continue after the child leaves Head Start.

Well-child health care begins before the child is born by helping pregnant women access comprehensive prenatal care. Prenatal care can prevent low birth weights, premature labor, birth defects such as spina bifida and other neural tube defects, and increase the chances of a healthy baby for HIV-positive women. Prenatal education helps women make healthy choices for themselves and their babies regarding smoking, diet and exercise. At birth, health experts recommend that children begin regular examinations, screenings and immunizations. Since the first few years of life are critical for a child's health and development, early and frequent visits to the medical home are crucial. *(See **Appendix A: Recommendations for Well-Child Health Care**.)*

When health conditions are identified and treated early, the impact of many disabilities can be reduced. For example, lead poisoning can cause serious medical, behavioral, and learning problems in children. When lead screening identifies a child with lead poisoning, prompt intervention—removing the source of lead, educating the family, and getting medical therapy—can lessen the harmful effects of lead poisoning on the child. It may also help prevent poisoning of other family and community members.

B. The Components of Well-Child Health Care

- *Health History*

  A brief summary of the child's health history is made from discussion with the parents and review of medical records. It addresses the health of the child within the context of the family. It covers pregnancy and delivery, illnesses, hospitalizations, chronic health conditions, allergies, and the child's physical, emotional, and social development. It also includes a family history of health problems and a description of the child's home environment. The health history highlights any special concerns about the child.

The health history should include a list of the child's primary health care provider, specialists, and other services that the child and family receive, such as a developmental center or Children's Protective Services.

- *Documentation*

Health records are essential for evaluating children's health needs and developing plans for intervention and follow-up. They are also important for communicating with families, health care professionals, and teachers/caregivers. Health records must be:

– ***Accurate:*** Observations and screening and exam results should be carefully documented in objective terms. Vague terms and judgements should be avoided. For example, instead of stating "Jimmie's behavior has been very bad since he started school," it would be better to state, "Jimmie has gotten into fights with his classmates three or four times a week. He frequently screams, punches, and bites."

– ***Complete:*** Results must be documented for all of the required screenings and exams. All "abnormal" screening and exam results must be followed up by further assessment and treatment, when needed. When children have specific health problems, it is important to get records of previous evaluations, diagnoses, and treatments. Ongoing consultation with the family and health care providers should also be carefully documented.

– ***Confidential:*** Children and families have a right to have their health records kept confidential. Information should not be shared with other parents. Only staff who need to know the information should have access to the family's health records.

– ***Shared Appropriately:*** The information can and should be shared with anyone who needs to know in order to care for the child, but only with the consent of the parent(s) or legal guardian. Key family members, health care providers, and staff need to be involved in family conferences to develop plans for intervention and follow-up to meet the child's needs. When the child changes programs or goes to kindergarten, the records should be forwarded, with the consent of the parent(s), in a complete, organized and confidential manner.

For specific follow-up for screenings and exams, see ***Appendix B: Well-Child Health Care Fact Sheets***.

- *Screening*

Screenings are standardized, often quick, procedures to identify health conditions that might need further assessment and treatment.

Screening procedures include gathering information from the family, observing the child's behavior and skills, and doing certain tests. They include both objective, standardized procedures (e.g., developmental tests), and subjective observations (e.g., "Tina seems to have difficulty with fine motor tasks").

While Head Start requires screenings be completed within certain time limits after enrollment, screening also includes daily observations of children's appearance, behavior, and skills throughout the year. It is important for Head Start staff to be able to read and understand each child's health record since existing health problems can be related to screening results. Head Start should not duplicate services that have been conducted by other health professionals. Instead, Head Start works in partnerships with health care professionals to make sure children are receiving needed health services.

The trained professionals at the child's medical home will do some screening (e.g., hematocrit, tuberculosis, hereditary/metabolic, lead, and intestinal parasite screening). Other screenings may be done by Head Start staff, parents, or volunteers who are properly trained in the procedures (e.g., growth, vision, hearing, nutritional assessment).

Within 45 days of enrollment, the Head Start staff will screen to identify developmental, sensory, and behavioral concerns. Many screenings can be completed in the classroom or in the family's home where the child is most comfortable.

The child's screening results are assessed according to the "typical" or "normal" range among children that age. "Atypical" or "abnormal" screening results mean that the child may have a special health need. The child needs further evaluation by a health professional to determine if he has a specific condition or diagnosis and what treatment or services might help.

A relationship with the medical home will offer consistency of care. Diagnosis, treatment and follow-up can be closely followed.

- *Examinations*

Examinations are in-depth physical assessments of the child, such as the medical/physical exam and the dental exam. Licensed health care professionals, such as a physician, nurse practitioner, or physician's assistant perform the medical exam; a dentist performs the dental examination. Professional standards require specific procedures and equipment. Staff work with parents and mental health professionals to address concerns over a child's mental health.

- *Preventive Treatments*

  Public health research has shown that certain preventive treatments can reduce health problems among children. For example, immunizations can prevent many serious diseases such as polio and measles, and dental fluoride can help prevent dental cavities. The medical home will provide the child with regularly scheduled immunizations following the Centers for Disease Control and Prevention (CDC) guidelines.

- *Education and Counseling*

  Working in partnership, health care providers and parents discuss many issues to promote the health of the child. They review the results of the screenings and exams, and discuss what further assessment and treatment may be needed. Parents are given guidance about the child's development, nutrition, dental care, and preventing illnesses and injuries. The parents' concerns are addressed and support is provided.

Note to Trainer/Coach:

> *For information on developing partnerships with parents, see the guide* **Partners in Decision Making** *in the Parent Involvement series of Training Guides for the Head Start Learning Community.*

C. Head Start Responsibilities

The Head Start program works in partnership with parents and health care providers to ensure that every child entering Head Start is assisted with:

- Identifying and accessing health care providers
- Linking to a medical home: a source of ongoing and continuous health care
- Receiving recommended screenings, examinations, and immunizations within specific time frames

- Receiving follow-up evaluation, diagnosis, and treatment of health conditions that are identified

Head Start programs also provide the following:

- Assistance to pregnant women in accessing comprehensive prenatal care, childbirth services and postpartum care
- Health education for children and parents

Head Start services complement the services provided by other practitioners. Head Start programs do not duplicate services already given unless there is an explicit need to do so.

*(See **Appendix B: Well-Child Health Care Fact Sheets**.)*

Note to Trainer/Coach:

As medical information advances, health recommendations and requirements may change. Head Start programs must stay current on state and local recommendations of health authorities and state licensing requirements to determine the complete list of screenings, exams, and immunizations needed. For information about local recommendations for well-child health care and screening, contact your local or state Medicaid/Early and Periodic Screening, Diagnosis & Treatment program, your local Health Services Advisory Committee, and your local chapter of the American Academy of Pediatrics.

Questions for Discussion/ Reflection

Preventive health care is not only important for children—it is also very important for adults. Thinking about your own health care practices can give you a greater understanding of some of the challenges Head Start families may face:

- Do you have a "medical home" or a consistent health care provider?
- Do you see your health care provider only when you are sick or also on a regular basis when you are well? Do you put off seeing your provider because you are anxious about what he or she may find?
- Have you gotten the screenings and exams (e.g., blood pressure, breast exam, PAP smear, blood cholesterol level, eye exam, dental exam, tuberculosis test) and the immunizations that you need?

Activity 1: What If There Were No Well-Child Health Care?

Purpose: This activity helps participants appreciate the importance of the many elements of well-child health care for Head Start. They will identify which elements are missing in this classroom. These may include screenings, accessibility to providers, education, or advocacy. This activity is especially helpful for teachers, aides, and other staff members involved in the classroom.

For this activity you will need:

- Key to Activity 1: What If There Were No Well-Child Health Care? *(For Trainer Only)*
- Flip chart and markers

Step 1: Ask participants to get into a comfortable position and close their eyes. Tell them that you are taking them on a guided tour of a new Head Start program where there might be something wrong.

Step 2: Read aloud, slowly and with expression, the following story:

"It's the middle of the morning, five months after enrollment of students, and we're going to visit a new Head Start center. The entire facility and grounds are beautifully designed. As you enter the building, you notice a clean and inviting lobby. There is a bulletin board with notices about field trips and children's art.

You walk into the classroom and see cubbies for 20 children, but only a dozen children are in class today. The teacher says, 'This is a typical day. Our children miss a lot of school, but we try our best to keep the program going. We're having a mini-epidemic of measles right now, but I don't know who has and hasn't been immunized! Miguel's cubby is empty all the time. His parents have a hard time keeping him out of the hospital now that he has asthma. An overdose of medication sent him to the ER just last week. He wheezes a lot when he plays here too.'

You watch the teacher comfort a child who is crying because his mouth hurts. You cannot miss the blackened front teeth, but the *teacher explains that there are no pediatric dentists taking Head Start students. Several children are standing by the kitchen area waiting. The aide explains that these children have had breakfast and are waiting for lunch. She says, 'They never seem to get enough nutritious food over the weekend.' There are two children in the bathroom with a 'tummy-ache'—their diarrhea and cramps have lasted for weeks off and on.*

A pregnant mother drops her child off late, explaining she gets severe morning sickness after her job of cleaning floors with strong chemicals all night. She asks the teacher's aide if he knows of any doctors who might see her before the baby is born. The greeter politely explains, 'I have no idea, the last obstetrician left the neighborhood two years ago.'

A little three-year-old girl approaches saying 'mama mama'. The teacher says she missed a month of school with meningitis and doesn't know if she might have problems with hearing, vision or speech, or maybe a developmental delay.

The teacher rings a bell and starts calling the children over for circle time. In the circle area, two children are lying down looking pale and lethargic, others are fighting and biting each other. One boy will not leave the corner where he has been rocking back and forth all morning. The teacher and the aide decide to postpone circle time to take care of the children's other, more urgent needs."

Step 3: Ask the participants to open their eyes. Ask them:

- What elements of well-child health care are missing from this Head Start program?
- How did you feel in that classroom? How did the children feel? How did the teachers feel?

Step 4: Divide a flip chart paper into two columns. Label the left column "Health Concerns" and the right "Health Services Needed" (see Key to Activity 1: What If There Were No Well-Child Health Care?).

- Ask participants to list the health care concern that they observed in the classroom (e.g., tooth pain, pregnant mother).

Do **not** list possible diagnoses (e.g., anemia or intestinal parasites). Diagnoses are made only by health care providers.

- Ask participants to list the elements of well-child health care services needed that might address each health concern.

Points to Consider:

Without the many aspects of well-child health care:

- children could experience numerous health, developmental and emotional problems, pain, and confusion.
- teachers would not know what the children's needs were or how to address them.

Trainer's Note:

For more information on mental health, see the guide **Promoting Mental Health** *in the Health series of Training Guides for the Head Start Learning Community.*

Key to Activity 1: What If There Were No Well-Child Health Care?

(For Trainer Only)

Health Concern	Health Services Needed
Many Absent Children	All Well-Child Health Care
Tooth Pain	Dental Screening and Examination Medical/Physical Examination Nutrition Assessment Advocacy for Dental Care Preventive Dental Education
Hunger	Nutrition Assessment Family Needs Assessment Medical/Physical Examination Growth Assessment Anemia Screening (hemoglobin/hematocrit)
Pale, Tired	Medical/Physical Examination Nutrition Assessment Growth Assessment Anemia Screening (hemoglobin/hematocrit) Lead Screening Intestinal Parasite Screening Tuberculin Testing
Fighting, Biting	Developmental Screening/Mental Health Assessment Soliciting Parental Information about Child's Mental Health

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Key to Activity 1: What If There Were No Well-Child Health Care?

(For Trainer Only, continued)

Health Concern	Health Services Needed
Measles Epidemic	Reviewing Records Timely Determination of Health Status Immunizations Tracking
Child with Asthma	Individualizing Program Parent Education regarding Asthma and Medication
Pregnant Mother	Prenatal Care and Education Staff keeping abreast of Community Services Medical Home
Stomach Cramps, Diarrhea	Medical/Physical Examination Intestinal Parasite Screening Nutrition Assessment
Saying "mama mama"	Medical/Physical Examination Hearing Testing Speech and Language Screening Vision Testing Developmental Screening/Mental Health Assessment Immunizations Ongoing Observations
Child Rocking in Corner	Ongoing Observations Soliciting Parental Information about Child's Mental Health Screening for Behavioral Concerns Mental Health Counseling

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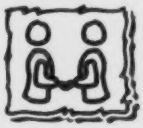
Module 1

Activity 2: What, Why, and How of Screenings and Exams



Purpose: This activity allows participants to practice explaining specific screening and exam procedures to a parent or co-worker. It is especially helpful for staff that has direct contact with parents, including family service workers, health aides, and teachers.

For this activity you will need:

- Appendix B: Well-Child Health Care Fact Sheets
  Provide copies for all participants.

Step 1: This exercise allows you to practice explaining to parents or co-workers the "what, why, and how" of different screening procedures.

Step 2: If you are in pairs: One person will begin as the "teacher" and the other the "learner." The teacher will explain two different screening exams to the learner.

If you have a group of three: The third person will be the "observer." The observer will provide feedback to the role-players.

Everyone will have the chance to play every role.

Step 3: Identify the role that you will begin in. Take a few minutes to "get into" your role.

- *For the teacher:* You want to help the learner develop a firm understanding of the screening or exam—what it is, why it is important, and how it is done.
- *For the learner:* Make this activity a challenge for yourself and the teacher. Take the role of a learner who is not familiar with the screening or may have some reservations or concerns about it.
- *For the observer:* Pay careful attention to the communication between the teacher and learner. Note what worked and what didn't work.

Step 4: Take a few minutes to briefly review with participants Appendix

B: Well-Child Health Care Fact Sheets after distributing it.

For the teacher: Choose one screening or exam that you feel comfortable explaining and then another that is more challenging for you to explain.

Take up to 10 minutes for the role-play.

Step 5: Change roles and repeat **Step 4**. Repeat the role-play, explaining two other screenings or exams.

Make sure that everyone has a chance to play every role.

Step 6: Discuss the role-plays:

- In the role of the learner:
  - Did you understand and feel comfortable with the explanations of the procedures?
  - Did the "teacher" use words that were too technical?
  - If there was something that you didn't understand, did you feel comfortable asking questions?
  - How do your feelings reflect how parents may feel about screenings and exams?
- In the role of the teacher:
  - Did you feel comfortable explaining the procedures?
  - Did you feel adequately prepared?
  - If you did not know something, did you feel comfortable acknowledging that?
  - In the future, how might you want to prepare better for explaining screenings and exams to other co-workers and parents?
- In the role of observer:
  - What did you notice was difficult in the communication?
  - What were some effective techniques that were used?

Points to Consider:

- Make sure that you review and understand the information before you try to explain it to someone else.
- Share the information that the other person wants to know and needs to know. Build on what he or she already knows.
- Make the explanation clear, simple, and brief. Try not to use highly technical terms.
- Continually ask and observe whether the person has any questions or concerns. Respond to these concerns directly.
- Recognize your own limitations. If you do not know the answer, say, "I don't know, but I will try to find out." Then follow-up with the information later.

Well-Child Health Care:
Making It Happen...

Sharing information:
Because they work in collaboration,
the Health Coordinators from
ABCD Head Start in Boston
go directly out to the network of
public health clinics and inform the staff
exactly what medical information is
needed for children,
reducing misinformation
and phone calls.

Activity 3: The Well-Child Health Care Fact Game

Purpose: This activity familiarizes participants with the common components of well-child health care required for Head Start. It is helpful for staff from different areas of Head Start.

For this activity you will need:

- Flip chart paper
- Paper and pens or pencils
- Game board
- Question & Answer Key *(For Trainer Only)*
- Prizes (e.g., stars, healthy snacks, pencils, etc.)
- Overhead projector and transparency *(Optional)*
- Stopwatch or Timer

> ***Trainer Preparation Note:***
>
> *Prepare the game board on a large piece of cardboard, flip chart paper, or overhead transparency.*

Step 1: Explain that participants will play a team game with questions and answers about well-child health care and screening.

Step 2: Explain that the game will focus on the common components of well-child health care for Head Start.

Step 3: Divide participants into teams of four to six members. Ask each team to name itself. Write the teams' names on flip chart paper and post it as a scorecard.

Step 4: Display the Game Board, explaining the following rules:

- Teams will answer questions under four categories:
  - What It Is
  - Why You Do It
  - What You Might Observe
  - How You Do It
- Each category has questions that increase in value and difficulty, from $100, $200, $300, $400, to $500.
- Teams have 30 seconds to discuss the question and formulate their answer. When the time is up, the team that selected the question gives its answer. If the team has no answer or gives an incorrect answer, the next team gets the chance to answer
- The team with the correct answer wins the dollar value for the question. No points are deducted for incorrect answers.

Step 5: Ask the first team to start by selecting a category and dollar value. Cross out the selection on the Game Board. Using the Question and Answer Key, read the question aloud.

Step 6: Follow your watch, set a timer, or play a musical tape for 30 seconds while the teams discuss their responses.

Step 7: Ask the team that selected the category for its answer. Proceed to the next team(s) until the correct answer is stated. Add the dollar value to the score of the team that answers correctly. If no team states the correct answer, read the answer aloud.

Step 8: Ask the next team to select the category and dollar value for the next question.

Continue playing the game as in Steps 5 to 7 until all the questions have been asked.

Step 9: At the end of the game, add up each team's money. The team(s) with the most money wins. You may give the winners a prize.

Points to Consider:

- It is helpful for staff to be familiar with the facts about well-child health care and screening. However, it is **most** important to be aware of what you do and don't know and where you can get the information that you need.
- Your key resources for health information are written materials and health professionals. Since health information advances rapidly, written material may become out-of-date. Programs need reliable health consultants to keep them informed about new information and to update the program's written materials (e.g., fact sheets) every year.

Well-Child Health Care: Making It Happen...

The Head Start in Vail, Colorado
the Rotary Club, and
the Eagle Valley Family Center
are working in collaboration to set up a
"dental committee"
that will work with local dentist to
set up a community wide system
of indigent dental care.

Game Board for Activity 3

The Well-Child Health Care Fact Game			
What It Is	**Why You Do It**	**What You Might Observe**	**How You Do It**
$100	$100	$100	$100
$200	$200	$200	$200
$300	$300	$300	$300
$400	$400	$400	$400
$500	$500	$500	$500

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Question & Answer Key for The Well-Child Health Care Fact Game

(For Trainer Only)

What It Is:

$100 Q: Which screening measures height, weight, and head circumference?

A: Growth Assessment

$200 Q: What condition can be caused by low iron in the diet, lead poisoning, sickle cell disease, and other blood disorders?

A: Anemia

$300 Q: Which screening checks understanding, thinking, communication, social skills, physical coordination, and self-help skills?

A: Developmental Screening

$400 Q: Name ten diseases for which immunizations protect children.

A: Chicken pox, polio, diphtheria, pertussis, tetanus, measles, mumps, rubella, hemophilus influenza B (HIB), and hepatitis B

$500 Q: Which screening checks for a problem that is rare in children which could lead to heart disease and stroke?

A: Blood Pressure Screening

Why You Do It:

$100 Q: Which exam helps prevent tooth decay, pain, and tooth loss?

A: Dental Screening and Examination

$200 Q: Which procedure helps identify and treat health problems, and provides families with guidance on child health and development?

A: Medical/Physical Examination

$300 Q: Which screening can lead to antibiotic treatment to prevent severe pneumonia, weight loss, meningitis, bone disease, and death?

A: Tuberculin Testing

$400 Q: What three problems can growth assessment identify?

A: "Failure to thrive," obesity, and disproportionately large or small head growth

$500 Q: Which three screenings aim to prevent difficulties in communication, behavior, and relationships?

A: Hearing, speech and language, and developmental/mental health assessment

Question & Answer Key for The Well-Child Health Care Fact Game

(For Trainer Only, continued)

What You Might Observe:

$100 Q: What might cause mild symptoms, such as pain at the injection site or fever, although the benefits are far greater than the risks?

A: Immunizations

$200 Q: What condition might cause stomach cramps, diarrhea, anemia, fatigue, and delay in growth?

A: Intestinal parasites

$300 Q: Name three possible signs of developmental delay at three years of age.

A: (Any three): The child cannot follow simple directions, make two-word sentences, copy a circle, or take off her own clothes

$400 Q: What are three problems found through nutrition assessment?

A: Dietary deficiencies, feeding difficulties, and food allergies

$500 Q: Name three possible signs of vision problems.

A: (Any three): Eyes crossed or pointing out, squinting, short attention for visual tasks, holding materials very close to the face, difficulty catching balls, complaints of eye discomfort or headache

How You Do It:

$100 Q: Which screening requires a blood test usually done by pricking the finger?

A: Anemia Screening

$200 Q: Which screening involves a skin test—Mantoux/PPD—to look for a reaction that indicates infection?

A: Tuberculin Testing

$300 Q: Which screening involves a laboratory test of stool samples?

A: Intestinal Parasite Screening

$400 Q: Which screening involves a special blood test and asking the family about the age of their home, construction, or peeling paint, as well as asking about the use of specific home remedies?

A: Lead Screening

$500 Q: Which two screenings use a standardized screening test or skills checklist?

A: Speech/language and developmental/mental health assessment

Activity 4: The Importance of Well-Child Health Care and a Medical Home

Purpose: This activity allows participants to develop skills in explaining the importance of well-child health care and linkage to a medical home to parents. Participants will develop strategies to help families overcome barriers to good medical care for their families. This activity is particularly helpful for family service workers and other staff members who are involved in enrolling children into Head Start.

For this activity you will need:

- Handout A: Carlos' Story, for each participant

Step 1: Divide participants into pairs. Instruct them to find a partner to work with and read Handout A: Carlos' Story together.

Step 2: Ask participants to take a minute to reflect on their own experiences:

- Have **you** ever put off getting health care for yourself or other family members? What were the reasons (e.g., you had other more important things on your mind, it was too expensive, or you were afraid)?
- Has anyone ever told **you** that you were not taking the best care of your health? How did it make you feel?

Step 3: Return to the story and discuss the following questions:

- What aspects of well-child health care and screening does Carlos need?
- What may be some of the reasons that Carlos has not gotten the health care that he needs?
- How might you encourage Carlos' family to complete the Head Start enrollment and health screening?
    - What might you say?
    - What else might you need to know?
    - Who else in the family, community, or program could help?

- Given the fact that Carlos may not have received adequate health care, what might be the implications for the health care of other family members? How might you address this issue?

Points to Consider:

- Well-child health care and screening are important for every child. They are especially important for children who have signs and symptoms that might indicate a health problem.
- Early screening, diagnosis, treatment, and education can prevent or reduce pain and disability from health problems.
- When working with the family, the health concerns should extend beyond the Head Start child to include siblings, parents, and other family members. For example:
  - Have the siblings received well-child health care and immunizations?
  - If the mother is pregnant, has she received pregnancy counseling and prenatal care?
- When we promote health care and screening for Head Start children and families, we must try to understand and be sensitive to the individual families' attitudes, practices, and concerns.
- Linking a family to a "medical home" best serves their needs by providing continuous, accessible medical care.

Activity 5: Sam's Story Part One—Assessing Need

Purpose: This activity helps participants develop skills in working with families to understand the importance of well-child health care. Different portions of Sam's story appear in Modules I, II and III. Part one focuses on assessing Sam's dental care needs.

For this activity you will need:

- Handout B: Sam's Story—Part One, for each participant

Step 1: Distribute and review with participants Handout B: Sam's Story—Part One.

Step 2: Discuss the following questions:

- How would you discuss the importance of oral health and well-child health care in general with the family?
  - Whom should you talk with?
  - What would you ask?
  - What would you say?
- What classroom intervention and education might be helpful?
  - Who should be involved?
  - What would the main messages be?
  - How might the Health Services Advisory Committee help?

Step 3: Discuss any experiences that you have had with educating families regarding well-child health care in any area of health.

- What techniques were effective?
- What techniques were not effective?
- What would you do differently?

Points to Consider:

It is important that the parents and key staff understand:

- What measures to take at home and at school to prevent the problem (e.g., how to use a bottle safely).
- When working with the family, the health concerns should extend beyond the Head Start child to include siblings, parents, and other family members. For example:
  - How is the baby bottle used with younger siblings?
  - Are the siblings linked to a medical home?
  - If the mother is pregnant, has she received pregnancy counseling and prenatal care?
- How to have discussions with families that are sensitive to:
  - their knowledge and level of understanding;
  - their beliefs and cultural practices;
  - their living situation; and
  - their available resources.

Activity 6: Reviewing Health Records

Purpose: This activity allows participants to practice reviewing screening and exam results. They will work in teams to review a health record, determine the follow-up needed, and discuss the results and follow-up plans with parents and staff.

For this activity you will need:

- Handouts C: Child Health Record Samples (Parts 1 - 5) ***or*** use your own agency's record or update the records using the handouts in Appendix C: Blank Records & Forms.
- Appendix B: Well-Child Health Care Fact Sheets
- Overhead projector and transparencies
- Flip chart paper and markers

Trainer Preparation Note:

- *Make a copy and an overhead transparency of the Child Health Record. If you want to update the child health records so that they reflect current information and have current dates, you will find blank copies of these handouts that you can fill out in* **Appendix C: Blank Records & Forms**.
- *Separate the Child Health Record Samples into Parts 1, 2, 3, 4, and 5.*
- *Attach to each part the corresponding Fact Sheet(s) from Appendix B:*

  Part 1*—Medical/Physical Exam, Growth*

  Part 2*—Anemia, Lead, Tuberculin, Hearing, Vision, Immunizations*

  Part 3*—Developmental*

  Part 4*—Dental*

  Part 5*—Nutrition*
- *Write the questions from* **Step 4** *on flip chart paper.*

Step 1: Explain that this activity will give participants a chance to review screening and exam results and determine what follow-up is needed.

Step 2: Divide participants into five groups. Have each group identify a "recorder" to report back to the larger group.

Step 3: Ask participants to imagine they are the health coordinators responsible for reviewing health records and documenting and following up results for Janine, who is entering your Head Start program. Imagine that it is now September of the current year.

Step 4: Distribute one part of the Health Record and corresponding Fact Sheet(s) to each group.

Explain that each group has received a part of Janine's health record. Each group should take about 10 minutes to review its part of the record and discuss the following questions (posted on flip chart paper):

- Is this part of the record complete? What, if anything, is missing?
- Are the child's screening or exam results inside or outside of the "normal range?"
- What follow-up is needed?

Step 5: Bring the groups back together. Ask each recorder to display the health record on the overhead projector and explain the group's analysis of the record and approach to follow-up.

Encourage participants from the large group to add their comments.

Step 6: After all of the parts of the health record have been discussed, ask participants:

- When you were analyzing your part of the health record, was there other information that would have been helpful to know?
- What are some important relationships between the different screenings and exams?
- Now that you've reviewed the complete health record for this child...
  - what would you tell the parents about:
    - the child's strengths in the areas of health and development?

- the health concerns and the follow-up needed?
- what staff and health professionals should be involved?
- what would you want the classroom teachers to know?
- how would you document the process?

Points to Consider:

- Screening and exam results that are "outside the normal range," "abnormal," or "failed" mean that the child **might** have a health problem. Such results must be followed up by rescreening and further evaluation by the health care provider to determine **if** the child has a health problem and, if so, what treatment is necessary.
- Each child's complete health record should be assessed, since many health problems and screening and exam results are interrelated. For example, if a child is diagnosed with dental problems such as Baby Bottle Tooth Decay, it is important to identify possible causes in nutrition (e.g., use of bottle, sweets) and possible effects on growth (e.g., failure to thrive or overweight).
- The results of screenings, exams, assessments, diagnoses, and treatment recommendations must be explained to parents and key staff who care for the child. This should be done:
  - by a well-informed person;
  - in clear terms and language that the parent(s) understand; and
  - with sensitivity to the concerns of the parents and staff.
- Careful documentation is crucial for a comprehensive review and appropriate assessment, treatment, and follow-up to meet each child's health needs.

Activity 7: Explaining the Meaning of Screenings and Exams, and Ensuring Follow-up

Purpose: This activity helps participants develop skill in explaining screening and exam results to parents and then working in partnership with parents to ensure follow-up of services for the child's identified health needs.

For this activity you will need:

- Enough copies of Handouts D-1 and D-2: The Meaning of Screenings and Exams for half the participants to get one and half to get the other
- Enough copies of the Appendix B: Well-Child Health Care Fact Sheets to attach one to each corresponding Situation Card:
  - To D-1: The Meaning of Screenings and Exams, attach the Speech and Language, Growth, and Vision fact sheets
  - To D-2: The Meaning of Screenings and Exams, attach the Anemia, Hearing, and Developmental/Mental Health fact sheets

Step 1: Explain that this activity allows participants to practice explaining screening and exam results to parents.

Step 2: Divide the participants into groups of three.

Step 3: Distribute to each group Handout D-1 or D-2 with the fact sheet attachments from Appendix B that correspond to the situations.

Step 4: Ask each group to identify a "staff person," "parent," and "observer" for each of the three situations. These roles should rotate, so everyone has a chance to play every role.

Step 5: Give the groups about five minutes to prepare:

- Everyone should review all of their group's situations.
- Each person should also review the fact sheet relating to the situation in which she will play the staff person.

Step 6: Allow the groups 15 minutes to role-play the three situations. Each group should be sure to address the following:

- The meaning of the screening or exam results
- The parent's/guardian's concern or lack of concern about the screening or exam results
- What follow-up services are needed and how to ensure their delivery

Step 7: Bring the groups back together. Ask a group to volunteer to read Situation #1 aloud and summarize their discussion. Ask the other groups that role-played this situation to add any comments they might have about how their discussion was similar or different.

Proceed in the same manner to discuss Situations #2 to #6.

Step 8: Ask participants:

- What were some of your general feelings and perceptions in the role of staff person? In the role of parent? In the role of observer?
- What might be some reasons for the differences in interpretations of screening or exam results?
- What are some general communication skills that are effective in addressing all of these screening and exam results with parents?
- What are creative strategies you have used to ensure follow-up of needed services?
- How does parental education improve follow-up on identified health needs?

Step 9: Ask participants to relate any personal experiences that they have had with screenings or exams that resulted in differences in interpretation from the parents. How were these differences resolved?

Points to Consider:

- In discussing the results of screenings and exams, staff should be sure to:
    - Acknowledge the parent's concerns.
    - Provide basic information to explain the meaning of the screening or exam results.
    - Refer the parent to the health specialist and the family's health care provider for more detailed information and follow-up.
- To explain the meaning of a screening or exam, you may refer to the detailed information in the Well-Child Health Care Fact Sheets. However, it is not necessary to know all of the details. It is most important to stress the following general points:
    - A screening or exam result that is "normal" means that the child **probably** does not have a problem in this area.
    - A screening or exam result that is "outside the normal range" means a child **might** have a problem—more testing is needed to determine **if** there is a problem, **what** it is, and **how** the child might be helped.
- It is important to consider the parents' observations and concerns. Parents offer important information that can contribute to interpreting screenings and exams. They are also key partners in developing the follow-up plan.

Next Steps: Ideas to Extend Practice

Make the Most of the Well-Child Health Care Fact Sheets

Distribute the fact sheets to parents and staff to help them understand the relationship of screening to well-child health care. The fact sheets may be useful at orientation, enrollment, the beginning of the school year, and when the results of screening are explained to parents.

Make new fact sheets according to your local program needs. You may get assistance from members of your Health Services Advisory Committee, health consultants, and other community-based agencies. Be sure to review and update the fact sheets every year. The following are possible reasons to adapt your fact sheets:

- If there are special health issues for your population that were not addressed in the fact sheets, revise the information according to your needs.
- If there are other screenings that are usually done in your area, develop additional fact sheets.
- If your program serves families that speak languages other than English, you might translate the fact sheets into the other languages.
- If your program needs handouts at a lower literacy level, revise the fact sheets accordingly.

Revise and Replay the Well-Child Health Care Fact Game

Make new questions and answers for the game based on the fact sheets. You may choose to rewrite the categories to focus on your on-site screenings, your most challenging screenings, or those that have identified many children who need follow-up evaluation and treatment. If you develop new fact sheets, these can also be incorporated into the game.

Establish Regular Educational Workshops for Parents and Staff

Information on children's health is constantly advancing. Help spread the knowledge by inviting local health experts to regular, ongoing workshops for staff and parents at your program. The range of topics is diverse; it could include parenting skills, medical and dental health, nutrition, mental health concerns, safety, and environmental hazards in the community. As

Head Start reaches out to pregnant women, prenatal classes can assist women by educating them on the effects of diet, smoking, drugs, and alcohol on their baby. With this knowledge, mothers-to-be can best make healthy choices.

Establish a two-way exchange of information with the health experts. Share your observations and concerns about the health of children at your program. Find out more about health problems specific to your community—what they are, what causes them, how to identify children and families at risk, and how to prevent and treat the problems.

Assemble a Panel Representing Special Populations

Conduct a panel discussion—with families, community advocates, and professionals—focusing on special well-child health care needs. Examples include the needs of homeless families, families that do not speak English, migrant families, and parents with disabilities. Ask them to address the following challenges:

- Connecting to a "medical home"
- Health screenings and exams
- Assuring the delivery of well-child health care
- Tracking follow-up immunizations and services for identified needs

Ask panel members to serve as consultants to address questions that might arise. If gaps in services are identified, community advocates and families can work together to increase services. Health professionals can bring in information regarding who is available to provide services to the Head Start community, and advocate among their professional peers for additional coverage.

Handout A: Carlos' Story

Carlos is a three-and-a-half year old who is enrolling in your Head Start program. Carlos lives with his 19-year-old mother and 18-month-old sister. Carlos' father, also a teenager, visits occasionally.

You are the Home Visitor enrolling Carlos in Head Start. During your visit with Carlos' mother, Maria, the following conversation takes place:

Maria: "I'm kind of nervous; it's the first time Carlos is going to school."

Home Visitor: "So, you have some concerns?"

Maria: "Yeah. Carlos…he's sort of slow. He doesn't talk or seem to understand much. We just kind of accept him that way."

Home Visitor: "Hmmm…"

Maria: "I've been reaching the end of my rope dealing with his temper tantrums, especially being pregnant and all."

Home Visitor: "I didn't know you were pregnant. Boy I'm sure that can be exhausting. Head Start may be able to help you with some of your concerns for Carlos. Does your family have a regular physician?

Maria: "No, I just take him to the emergency room for all his earaches—he gets them all winter."

Home Visitor: "Carlos will get the chance for a full medical check-up before school. There are some wonderful doctors at the local clinic who can see his little sister and give you prenatal care too.

Maria: "Yeah, but the kids aren't sick now—why do they need to go?"

Home Visitor: "By seeing a doctor on a regular basis, many illnesses can be prevented. Carlos may need special help for speaking and hearing and they can give it."

Maria: "But doctors scare me. All those shots will make my kids cry and they talk real fast at me in English. I get too embarrassed to say I can't understand them."

Home Visitor: "We can call the clinic and schedule the family with a Spanish-speaking doctor. Dr. Alma Hernandez can follow your children throughout their childhood and help you with your pregnancy. She has three children of her own and understands. I'll help you find the phone number in the phone book if you'd like…"

For use with Activity 4

Handout B: Sam's Story—Part One

Sam is a three-year-old who is enrolling in your Head Start program. Sam's family emigrated from Cambodia two years ago. He has five older and two younger siblings. Sam is cared for by his mother and father.

You are the staff person enrolling Sam in Head Start. When you greet Sam and his father, you notice that Sam's teeth appear blackened and jagged. Sam's father tells you that Sam frequently complains of mouth pain and keeps the family up at night with his crying. He explains that the family gives Sam bottles of milk or juice to help him fall asleep, as they do for the other babies. "I know those teeth look bad," he says, "but they're just baby teeth—they'll fall out."

You explain that Sam will have the chance for a full health check-up for Head Start, including a dental examination. You tell him that Sam's teeth are decayed and causing him pain—making eating difficult. His father confides that the last time he took a child to the dentist it was for an extraction and the child was terrified. He'd never want to put his children through that again and still regrets being talked into it. You ask if one of the Head Start parent dental health advocates can visit his home. She is well trained in an oral wellness curriculum and speaks Cambodian. The children will get free toothbrushes, toothpaste and a little toy. Sam's father reluctantly agrees.

The dental health advocate visits Sam's family and educates them regarding Baby Bottle Tooth Decay. Upon her visit she notices Sam's siblings also have decayed front teeth. In a manner sensitive to the stresses of comforting many children in a cramped living space, she gives alternative suggestions for putting the children to sleep without a bottle and teaches proper brushing and flossing techniques. Sam will be enrolling in Head Start in two weeks and is scheduled for a dental examination.

For use with Activity 5

Handout C: Child Health Record Sample (Part 1)

CHILD HEALTH RECORD: **FORM 2A, HEALTH HISTORY**

TO BE COMPLETED BY HEAD START STAFF DURING PARENT/GUARDIAN INTERVIEW.

PERSON INTERVIEWED: JEAN BROWN DATE: 3-1-96 RELATIONSHIP: MOTHER

NAME OF INTERVIEWER: ______ TITLE: ______

PREGNANCY/BIRTH HISTORY	**YES**	**NO**	**EXPLAIN "YES" ANSWERS**
1. DID MOTHER HAVE ANY HEALTH PROBLEMS DURING THIS PREGNANCY OR DURING DELIVERY?	✓		Hypertension
2. DID MOTHER VISIT PHYSICIAN FEWER THAN TWO TIMES DURING PREGNANCY?		✓	
3. WAS CHILD BORN OUTSIDE OF A HOSPITAL?		✓	
4. WAS CHILD BORN MORE THAN 3 WEEKS EARLY OR LATE?		✓	
5. WHAT WAS CHILD'S BIRTH WEIGHT?			7 lbs. 2 oz
6. WAS ANYTHING WRONG WITH CHILD AT BIRTH?		✓	
7. WAS ANYTHING WRONG WITH CHILD IN THE NURSERY?		✓	
8. DID CHILD OR MOTHER STAY IN HOSPITAL FOR MEDICAL REASONS LONGER THAN USUAL?		✓	
9. IS MOTHER PREGNANT NOW?		✓	*(If yes, ask about prenatal care, or schedule time to discuss prenatal care arrangements.)*
HOSPITALIZATIONS AND ILLNESSES	**YES**	**NO**	**EXPLAIN "YES" ANSWERS**
10. HAS CHILD EVER BEEN HOSPITALIZED OR OPERATED ON?	✓		Age 2yrs - asthma
11. HAS CHILD EVER HAD A SERIOUS ACCIDENT *(broken bones, head injuries, falls, burns, poisoning)*?		✓	
12. HAS CHILD EVER HAD A SERIOUS ILLNESS?	✓		asthma
HEALTH PROBLEMS	**YES**	**NO**	**EXPLAIN** *(Use additional sheets if needed)*
13. DOES CHILD HAVE FREQUENT ___ SORE THROAT, ✓ COUGH; ___ URINARY INFECTIONS OR TROUBLE URINATING, ___ STOMACH PAIN, VOMITING, DIARRHEA?	✓		Frequent cough in winter
14. DOES CHILD HAVE DIFFICULTY SEEING *(Squint, cross eyes, look closely at books)*?	•	✓	
15. IS CHILD WEARING *(or supposed to wear)* GLASSES?		✓	*(If "yes")* WAS LAST CHECKUP MORE THAN ONE YEAR AGO? ______
16. DOES CHILD HAVE PROBLEMS WITH EARS/HEARING *(Pain in ear, frequent earaches, discharge, rubbing or favoring one ear)*?	• ✓		ear infections as baby
17. HAVE YOU EVER NOTICED CHILD SCRATCHING HIS/HER BEHIND *(Rear end, anus, butt)* WHILE ASLEEP?		✓	
18. HAS CHILD EVER HAD A CONVULSION OR SEIZURE? IS CHILD TAKING MEDICINE FOR SEIZURES?	•	✓	*If "yes" ask:* WHEN DID IT LAST HAPPEN? ______ WHAT MEDICINE? ______
19. IS CHILD TAKING ANY OTHER MEDICINE NOW? *(Special consent form must be signed for Head Start to administer any medication).*		✓	WHAT MEDICINE? ______ *(If "yes")* WILL IT NEED TO BE GIVEN WHILE CHILD IS AT HEAD START? ______ HOW OFTEN? ______
20. IS CHILD NOW BEING TREATED BY A PHYSICIAN OR A DENTIST?	✓		(PHYSICIAN'S NAME: Mary Smith)
21. HAS CHILD HAD: ___ BOILS, ✓ CHICKENPOX, ✓ ECZEMA, ___ GERMAN MEASLES, ___ MEASLES, ___ MUMPS, ___ SCARLET FEVER, ___ WHOOPING COUGH?			
22. HAS CHILD HAD: ✓ HIVES, ___ POLIO?	•		When ate peanut butter
23. HAS CHILD HAD: ✓ ASTHMA, ___ BLEEDING TENDENCIES, ___ DIABETES, ___ EPILEPSY, ___ HEART/BLOOD VESSEL DISEASE, ___ LIVER DISEASE, ___ RHEUMATIC FEVER, ___ SICKLE CELL DISEASE?	•		*If "yes", transfer information to Forms 1 and 5.* Since age 2 - mostly in winter; some with animals
24. DOES CHILD HAVE ANY ALLERGY PROBLEMS *(Rash, itching, swelling, difficulty breathing, sneezing)*? a. WHEN EATING ANY FOODS? ✓ b. WHEN TAKING ANY MEDICATION? ______ c. WHEN NEAR ANIMALS, FURS, INSECTS, DUST, ETC.? ______	•		*If "yes", transfer information to Forms 1 and 5.* WHAT FOODS? Peanuts WHAT MEDICINE? WHAT THINGS? animals HOW DOES CHILD REACT? Rash, Itch, cough
25. *(If any "yes" answers to questions 14, 16, 18, 22, 23, or 24 ask:)* DO ANY OF THE CONDITIONS WE'VE TALKED ABOUT SO FAR GET IN THE WAY OF THE CHILD'S EVERYDAY ACTIVITIES?	✓		DESCRIBE HOW: Coughing & colds in winter
DID A DOCTOR OR OTHER HEALTH PROFESSIONAL TELL YOU THE CHILD HAS THIS PROBLEM?	✓		WHEN? Age 2 - asthma
26. ARE THERE ANY CONDITIONS WE HAVEN'T TALKED ABOUT THAT GET IN THE WAY OF THE CHILD'S EVERYDAY ACTIVITIES? DID A DOCTOR OR OTHER HEALTH PROFESSIONAL TELL YOU THE CHILD HAD THIS PROBLEM?		✓	DESCRIBE: WHEN?

For use with Activity 6 (& Activity 9 in Module 2). Or, use Appendix C. Blank Records & Forms to update this Handout

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Handout C: Child Health Record Sample (Part 1, *continued*)

CHILD HEALTH RECORD: FORM 3, SCREENINGS, PHYSICAL EXAMINATION/ASSESSMENT

For use with Activity 6 (& Activity 9 in Module 2). Or, use Appendix C: Blank Records & Forms to update this Handout.

PART I. TO BE COMPLETED BY HEAD START STAFF OR HEALTH CARE PROVIDER BEFORE PHYSICAL EXAMINATION/ASSESSMENT

CHILD'S NAME: JANINE BROWN SEX: F BIRTHDATE: 3-10-92

HEAD START CENTER: PHONE:

ADDRESS:

1. RELEVANT INFORMATION *(from Health History, Parent/Teacher Observations)*

Allergy to peanuts/peanut butter

2. SCREENING TESTS. *Starred items (*) are required by Head Start and recommended by the American Academy of Pediatrics for children 3-5 years. Enter dates if done previously. When recording results, enter at a minimum "N", "S", or "A" for NORMAL, SUSPECT, OR ATYPICAL/ABNORMAL, respectively.*

TEST	DATE	RESULTS	TEST	DATE	RESULTS
a. PRESENT AGE*	3-24-96	___ Yrs, ___ Mos	g. VISION (Type of Test)*		SNELLEN
b. HEIGHT (no shoes, to nearest 1/8 in.)*			ACUITY, R/L	3-24-96	20/25 R, L
c. WEIGHT (light clothing to nearest 1/4 lb.)*			RESCREENING		
			STRABISMUS	〃	NL
			COMMENTS		
d. BLOOD PRESSURE					
e. HEMATOCRIT or HEMOGLOBIN*	3-24-96	11.6	h. OTHER TESTS (if indicated) (1) TB	3-24-96	NEG.
f. HEARING (Type of Test)*		AUDIOMETRY	(2) Sickle Cell		
RESULTS R/L	3-24-96	NL	(3) Lead	3-24-96	12 REDRAWN 4/14/
RESCREENING			(4) Ova & Parasites		
COMMENTS			(5) Urinalysis		
			(6) Other		

PART II. TO BE COMPLETED BY HEALTH CARE PROVIDER DURING AND AFTER PHYSICAL EXAMINATION/ASSESSMENT

3. PHYSICAL EXAMINATION/ASSESSMENT. *Complete and return top three copies to Head Start*

	NORMAL FOR AGE	ABNORMAL	NOT EVAL	COMMENTS *(Use Additional sheet if necessary)*
a. GENERAL APPEARANCE	✓			
b. POSTURE, GAIT	✓			
c. SPEECH			✓	NOT ABLE TO ASSESS
d. HEAD	✓			
e. SKIN	✓			
f. EYES: (1) External Aspects	✓			
(2) Optic Fundiscopic	✓			
(3) Cover Test	✓			
g. EARS: (1) External & Canals	✓			
(2) Tympanic Membranes	✓			
h. NOSE, MOUTH, PHARYNX				
i. TEETH		✓		UPPER FRONT TEETH DECAYED
j. HEART	✓			
k. LUNGS	✓			
l. ABDOMEN (include hernia)	✓			
m. GENITALIA	✓			
n. BONES, JOINTS, MUSCLES	✓			
o. NEUROLOGICAL/SOCIAL				DENVER Devel. Test - Nl.
(1) Gross Motor	✓			
(2) Fine Motor	✓			
(3) Communication Skills	✓			
(4) Cognitive	✓			
(5) Self-Help Skills	✓			
(6) Social Skills	✓			
p. GLANDS (Lymphatic/Thyroid)	✓			
q. MUSCULAR COORDINATION	✓			
r. OTHER				

s. GENERAL STATEMENT ON CHILD'S PHYSICAL STATUS

Signature M. Smith, M.D. Date 3-24-96

4. FINDINGS, TREATMENTS, AND RECOMMENDATIONS

	ABNORMAL FINDINGS/DIAGNOSIS	TREATMENT PLAN	RECOMMENDED FOLLOW-UP OR RESULTS *(Initial when complete)*	DATE
a.	DENTAL CARRIES	REF. TO DENTIST		
b.				
c.				
d.				

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Handout C: Child Health Record Sample (Part 2)

CHILD HEALTH RECORD: FORM 3, SCREENINGS, PHYSICAL EXAMINATION/ASSESSMENT

PART I. TO BE COMPLETED BY HEAD START STAFF OR HEALTH CARE PROVIDER BEFORE PHYSICAL EXAMINATION/ASSESSMENT

CHILD'S NAME: JANINE BROWN SEX: F BIRTHDATE: 3-10-92

HEAD START CENTER: PHONE:

ADDRESS:

1. RELEVANT INFORMATION *(from Health History, Parent/Teacher Observations)*

Allergy to peanuts/peanut butter

2. SCREENING TESTS. *Starred items (*) are required by Head Start and recommended by the American Academy of Pediatrics for children 3-5 years. Enter dates if done previously. When recording results, enter at a minimum "N", "S", or "A" for NORMAL, SUSPECT, OR ATYPICAL/ABNORMAL, respectively.*

TEST	DATE	RESULTS	TEST	DATE	RESULTS
			g VISION (Type of Test)*		SNELLEN
			ACUITY, R/L	3-24-96	20/25 R, L
			RESCREENING		
			STRABISMUS	"	NL
			COMMENTS		
e HEMATOCRIT or HEMOGLOBIN*	3-24-96	11.6	h OTHER TESTS (if indicated) (1) TB	3-24-96	NEG.
f HEARING (Type of Test)*		AUDIOMETRY	(2) Sickle Cell		
RESULTS, R/L	3-24-96	NL	(3) Lead	3-24-96	12 Redrawn 4/19/96
RESCREENING			(4) Ova & Parasites		
COMMENTS			(5) Urinalysis		
			(6) Other		

Immunizations	Birth to 1 Month	2 Months	4 Months	6 Months	12-18 Months	4-6 Years
DTP		5-17-92	8-28-92	11-3-92	8-1-93	3-24-96
Polio		5-17-92	8-28-92		8-1-93	3-24-96
HIB		5-17-92	8-28-92	11-3-92	8-1-93	
Hep B						
MMR					8-1-93	3-24-96
Other			*Note: Ages and number of boosters may vary when immunizations start at older ages.*			

For use with Activity 6 (& Activity 9 in Module 2). Or, use Appendix C: Blank Records & Forms to update this Handout.

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Handout C: Child Health Record Sample (Part 3)

CHILD HEALTH RECORD: **FORM 2B, HEALTH HISTORY (Continued)**

PERSON INTERVIEWED: JEAN BROWN DATE: 3-1-96 RELATIONSHIP: Mother

NAME OF INTERVIEWER: ______ TITLE: ______

PHYSICAL, PSYCHOLOGICAL, AND SOCIAL DEVELOPMENT

THESE QUESTIONS WILL HELP US UNDERSTAND YOUR CHILD BETTER AND KNOW WHAT IS USUAL FOR HIM/HER AND WHAT MIGHT NOT BE USUAL THAT WE SHOULD BE CONCERNED ABOUT:

27. CAN YOU TELL ME ONE OR TWO THINGS YOUR CHILD IS INTERESTED IN OR DOES ESPECIALLY WELL?
Likes climbing structures at park
Likes Dressing up & acting

28. DOES YOUR CHILD TAKE A NAP? ____NO, ✓ YES. IF "YES" DESCRIBE WHEN AND HOW LONG. 1 hr. - pm

29. DOES YOUR CHILD SLEEP LESS THAN 8 HOURS A DAY OR HAVE TROUBLE SLEEPING (SUCH AS BEING FRETFUL, HAVING NIGHTMARES, WANTING TO STAY UP LATE)? ✓ NO, ____YES. IF "YES" DESCRIBE ARRANGEMENTS (OWN ROOM, OWN BED, AND SO FORTH). ______

30. HOW DOES YOUR CHILD TELL YOU HE/SHE HAS TO GO TO THE TOILET? goes by self

31. DOES YOUR CHILD NEED HELP IN GOING TO THE TOILET DURING THE DAY OR NIGHT, OR DOES YOUR CHILD WET HIS/HER PANTS? ✓ NO, ____YES. IF "YES" PLEASE DESCRIBE. ______

32. HOW DOES YOUR CHILD ACT WITH ADULTS THAT HE/SHE DOESN'T KNOW? a little shy

33. HOW DOES YOUR CHILD ACT WITH A FEW CHILDREN HIS/HER OWN AGE? likes to play

34. HOW DOES YOUR CHILD ACT WHEN PLAYING WITH A GROUP OF OTHER CHILDREN? a little shy

35. DOES YOUR CHILD WORRY A LOT, OR IS HE/SHE VERY AFRAID OF ANYTHING? ____NO, ✓ YES. IF "YES", WHAT THINGS SEEM TO CAUSE HIM OR HER TO WORRY OR TO BE AFRAID? VERY SAD WHEN PARENTS Fighting & Split-up

36. CHILDREN LEARN TO DO THINGS AT DIFFERENT AGES. WE NEED TO KNOW WHAT EACH CHILD ALREADY CAN DO OR IS LEARNING TO DO EASILY, AND WHERE THEY MIGHT BE SLOW OR NEED HELP SO WE CAN FIT OUR PROGRAM TO EACH CHILD. I'M GOING TO LIST SOME THINGS CHILDREN LEARN TO DO AT DIFFERENT AGES AND ASK WHEN YOUR CHILD STARTED TO DO THEM, AS BEST YOU CAN REMEMBER. *(INTERVIEWER: Read question for each item listed below, and check off the parent's answer in the appropriate space).*

a. WOULD YOU SAY YOUR CHILD BEGAN TO ______ EARLIER THAN YOU EXPECTED, ABOUT WHEN YOU EXPECTED, OR LATER THAN YOU EXPECTED?

b. WHEN DID HE/SHE BEGIN TO ______?

	EARLIER	WHEN EXPECTED	LATER	AGE
(a) SIT UP WITHOUT HELP		✓		5 MO
(b) CRAWL		✓		7 MO
(c) WALK		✓		11 MO
(d) TALK	✓			18 MO
(e) FEED AND DRESS SELF		✓		1-2 YR
(f) LEARN TO USE THE TOILET		✓		2 YR
(g) RESPOND TO DIRECTIONS		✓		1 YR
(h) PLAY WITH TOYS		✓		1 YR
(i) USE CRAYONS		✓		2 YR
(j) UNDERSTAND WHAT IS SAID TO HIM/HER	✓			1 YR

37. DOES YOUR CHILD HAVE ANY DIFFICULTIES SAYING WHAT HE/SHE WANTS TO DO OR DO YOU HAVE ANY TROUBLE UNDERSTANDING YOUR CHILD? ✓ NO, ____YES. IF "YES" PLEASE DESCRIBE.

38. CHILDREN SOMETIMES GET CRANKY OR CRY WHEN THEY'RE TIRED, HUNGRY, SICK, AND SO FORTH. DOES YOUR CHILD OFTEN GET CRANKY OR CRY AT OTHER TIMES, WHEN YOU CAN'T FIGURE OUT WHY? ✓ NO, ____YES. IF "YES" CAN YOU TELL ME ABOUT THAT?

WHEN THIS HAPPENS, WHAT DO YOU DO ABOUT IT TO HELP THE CHILD FEEL BETTER?

39. HAVE THERE BEEN ANY BIG CHANGES IN YOUR CHILD'S LIFE IN THE LAST SIX MONTHS? ____NO, ✓ YES. IF "YES" PLEASE DESCRIBE. Split-up with husband
New baby at home

40. ARE YOU OR YOUR FAMILY HAVING ANY PROBLEMS NOW THAT MIGHT AFFECT YOUR CHILD? ____NO, ✓ YES. IF "YES" PLEASE DESCRIBE. Split-up with husband
finances

41. IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD? ✓ NO, ____YES. IF "YES" PLEASE DESCRIBE?

TO BE COMPLETED BY HEAD START STAFF WITH PARENT GUARDIAN EARLY IN PROGRAM YEAR AFTER CHILD IS ENROLLED.

For use with Activity 6 (& Activity 9 in Module 2). Or, use Appendix C: Blank Records & Forms to update this Handout

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Handout C: Child Health Record Sample (Part 4)

CHILD HEALTH RECORD: **FORM 5, DENTAL HEALTH**

(COMPLETE AT INTERVIEW)

CHILD'S NAME: JANINE BROWN SEX: F BIRTHDATE: 3-10-92
HEAD START CENTER: ________ PHONE: ________
ADDRESS: ________

1. IS THE CHILD NOW RECEIVING: *If "yes," include length of time receiving fluoride*
Topical Fluoride Application? No ✓ Unknown ___ Yes ✓
Fluoridated water? No ✓ Unknown ___ Yes ✓
Fluoride Supplement diet? No ✓ Unknown ___ Yes ___
(tablets ___, liquid ___)

2. DOES THE CHILD HAVE ANY TROUBLE WITH TEETH, GUMS, OR MOUTH THAN THE PARENT KNOWS ABOUT?
Caps

PART I. TO BE COMPLETED BY HEAD START STAFF

3. CHILD (___ HAS, ✓ HAS NOT) PREVIOUSLY SEEN A DENTIST.
Dentist's name ________ Date last visit ________
4. CHILD (✓ IS, ___ IS NOT) UNDER A PHYSICIAN'S CARE
Physician's name ✓ ________
5. CHILD (___ IS, ✓ IS NOT) RECEIVING MEDICATION
Type ________
6. CHILD IS REPORTED TO HAVE *(Give details or attach Health History, Form 2A)*

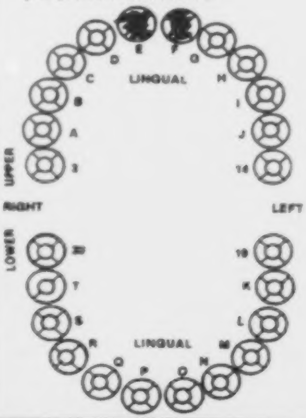
	YES	NO		YES	NO
Allergies	✓		Liver Dis.		✓
Asthma	✓		Rheumatic Fever		✓
Bleeding		✓	Sickle Cell Dis.		✓
Diabetes		✓	Other (List Below)		
Epilepsy		✓			
Heart/Vascular Dis.		✓			

7. SOURCE OF REIMBURSEMENT OR SERVICES
☑ EPSDT/Medicaid
☐ Federal, State, or local Agency ________
☐ Head Start
☐ In-kind Provider ________
☐ Parents/Guardians
☐ Other (3rd Party) ________

8. PRIORITY GROUP
☑ A. Needs Attention Immediately
☐ B. Needs Attention Soon
☐ C. Needs Routine Care

PART II. TO BE COMPLETED BY DENTAL CARE PROVIDER

9. ORAL CONDITIONS BEFORE TREATMENT: *missing (⊗), decayed (●), or filled (■); indicate restorations you perform in Item 10.*



10. EXAMINATION AND TREATMENT RECORD *(List recommended services in order)*

Tooth # or Letter	Surfaces	Description of Work	Treatment Approved	Date Service Performed			A.D.A. Procedure Number	Actual Charges (Fee)	
				MO	DAY	YR			
E		Stainless Steel crown		9	20	96			
F		Stainless Steel crown		9	20	96			

11. DENTAL NEEDS *(Check one or more and return 3 copies to Head Start after first visit)*
☑ A. TREATMENT (restoration, pulp therapy, extraction) ☑ B. CLEANING ☑ C. FLUORIDE
☐ D. OTHER ☐ E. NO PROBLEMS
Approximate number of visits ________. Approximate cost ________

12. CHILD ORAL HEALTH SUMMARY *(Complete and return 2 copies to Head Start after final visit)*
All planned treatment (___ is, ✓ is not) complete. If not, explain here, as well as items checked.

☑ a. Routine recall visits ☑ c. Dietary problem(s) ☑ e. Harmful oral habits
☑ b. Special home emphasis, oral hygiene ☐ d. Developmental problem(s) ☐ f. Needs fluoride supplement

I certify that I have completed the service(s) listed in Part II, Item 10, and that itemized charges do not exceed my usual and customary fees.
Signature ________ Date 9-20-96

For use with Activity 6 (& Activity 9 in Module 2) Or, use Appendix C: Blank Records & Forms to update this Handout

Handout C: Child Health Record Sample (Part 5)

CHILD HEALTH RECORD: **FORM 6, NUTRITION**

PART I. TO BE COMPLETED BY HEAD START STAFF DURING PARENT/GUARDIAN INTERVIEW

CHILD'S NAME: JANINE BROWN SEX: F BIRTHDATE: 3-10-92

DIETARY HABITS

1. WHAT FOODS DOES YOUR CHILD ESPECIALLY LIKE? Hamburgers, fries, juice, soda

2. ARE THERE ANY FOODS YOUR CHILD DISLIKES? green vegetables, milk

	Yes	No
3. DOES YOUR CHILD TAKE VITAMINS AND MINERAL SUPPLEMENTS?		✓
(a) If "yes", what kind are they? ______		
(b) Do they contain iron?		
(c) Do they contain fluoride?		
(d) Were they prescribed?		
4. IS THERE ANY FOOD YOUR CHILD SHOULD NOT EAT FOR [✓ MEDICAL] RELIGIOUS, OR PERSONAL REASONS? Allergy to peanuts	* ✓	
5. IS YOUR CHILD ON A SPECIAL DIET?	*	✓
(a) What kind? ______		
6. HAS THERE BEEN A BIG CHANGE IN YOUR CHILD'S APPETITE IN THE LAST MONTH?	*	✓
7. DOES YOUR CHILD TAKE A BOTTLE? Night/NAP	✓ *	
8. DOES YOUR CHILD EAT OR CHEW THINGS THAT AREN'T FOOD?	*	✓
9. DOES YOUR CHILD HAVE TROUBLE CHEWING OR SWALLOWING?	*	✓
10. DOES YOUR CHILD OFTEN HAVE: (a) Diarrhea?	*	✓
(b) Constipation?	*	
11. DO YOU HAVE ANY CONCERNS ABOUT WHAT YOUR CHILD EATS?	*	✓

12. ABOUT HOW OFTEN DOES YOUR CHILD EAT A FOOD FROM EACH OF THE FOLLOWING GROUPS?	Approximate Number of Times a Week *(circle the number(s) nearest to parent's answer)*
(a) Milk, cheese, yogurt.	0* 1* 2* 3 4 [✓ 5] 6 7 7+
(b) Meat, poultry, fish, eggs; or Dried beans/peas, peanut butter.	0* 1* 2* 3 4 [✓ 5] 6 7 7+
(c) Rice, grits, bread, cereal, tortillas.	0* 1* 2* 3 4 5 6 7 [✓ 7+]
(d) Greens, carrots, broccoli, winter squash, pumpkin, sweet potatoes.	0* [✓ 1*] 2 3 4 5 6 7 7+
(e) Oranges, grapefruit, tomatoes (fruit [✓ juice]).	0* 1* 2* 3 4 5 6 7 [✓ 7+]
(f) Other fruits and vegetables.	0* 1* [✓ 2] 3 4 5 6 7 7+
(g) Oil, butter, margarine, lard.	0* 1* 2 3 4 [✓ 5] 6 7 7+*
(h) Cakes, cookies, sodas, fruit drinks, candy.	0 1 2 3 4 5 6 7 [✓ 7+*]

**Starred answers may require follow-up. Explain details or give additional comments here.*

PART II. TO BE COMPLETED BY HEAD START STAFF, HEALTH CARE PROVIDER, OR NUTRITIONIST

13. GROWTH

DATE	AGE	HEIGHT *(no shoes, to nearest 1/8 in.)*	WEIGHT *(light clothing, to nearest 1/4 lb.)*
2/10/94	1 yrs. 11 mo.	25" (50th)	24lb. (25th)
4/30/95	3 yrs. 1 mo.	37½" (50th)	28lb. (15th)
3/24/96	4 yrs. 0 mo.	40" (50th)	29lb. (5th)

14. ANEMIA SCREEN

	DATE	HEMOGLOBIN*	OR HEMATOCRIT *
SCREENING	3/24/96	11.6	
RESCREENING			

**Hgb less than 11 or Hct less than 34 require follow-up*

15. CRITERIA FOR REFERRAL OR FURTHER INVESTIGATION
(Review items 2 through 13. If there are answers in starred (*) areas, or if growth is not within the typical range, check the appropriate box(es) below and consult a nutritionist or physician.)

- ☐ Suspect dietary problem or inadequate food intake *(from Questions 2 to 12)*
- ☐ Hgb. less than 11 gm. or Hct. less than 34% *(from Question 14)*
- ☐ Underweight *(weight less than typical, from Growth Chart 1 or 4)*
- ☐ Overweight *(weight greater than typical, from Growth Chart 1 or 4)*
- ☐ Short for Age *(height less than typical, from Growth Chart 2 or 5)*
- ☐ Wt. for Ht. *(greater or less than typical, from Growth Chart 3 or 6)*

COMMENTS *(use additional page if needed)*

Signature______________ Title______________ Date______________

For use with Activity 6 (& Activity 9 in Module 2). Or, use Appendix C. Blank Records & Forms to update this Handout.

BEST COPY AVAILABLE

Handout D-1: The Meaning of Screenings and Exams

Situation #1: Speech and Language

Holly is four years old. When the teacher gives Holly's parents the results of the speech and language screening, Holly's mother asks the teacher what it means. The results show that Holly's speech and language are "within normal limits," yet Holly's mother still has concerns about her daughter. Her mother's boyfriend has told her that he thinks Holly doesn't speak very well.

Situation #2: Growth

Jamal is nine months old. The results of Jamal's physical exam indicate that he is significantly underweight for his height and age. The doctor indicated that Jamal has "failure to thrive" and recommended more tests to determine the possible causes and intervention needed. The health staff spoke with the grandmother (his legal guardian) about what the program can do and what she can do to help Jamal. The grandmother feels that he is fine and doesn't need any help. She said, "He's come such a long way since I've had him."

Situation #3: Vision

Devon is three-and-a-half years old. The community volunteer who screened Devon's vision mentioned that he might have a "lazy eye" and need to wear a patch over the good eye. Devon's father didn't understand what that meant and why you would want to cover up a good eye. But he was concerned that Devon has trouble throwing and catching balls.

For use with Activity 7

Handout D-2: The Meaning of Screenings and Exams

Situation #4: Anemia

Rosa is 18-months-old. When Rosa had her physical exam for Head Start, she had a blood test for anemia (hemoglobin/hematocrit). The results showed that she had mild anemia. The nurse practitioner told Rosa's mom that she needed to cut back on milk—drinking five 8-ounce bottles a day was too much for Rosa and didn't leave space for her to eat iron-rich foods. She also needed to take iron medication. Rosa's mom spoke with Head Start staff and asked how the school could help.

Situation #5: Hearing

Daniel is three years old. He had frequent ear infections in his first two years of life. Daniel's hearing was screened with two different tests, and he failed the hearing tests both times. The health coordinator discussed the screening results with Daniel's mother and referred him back to his pediatrician for further evaluation. A few weeks later, the health coordinator asked Daniel's mom if he had seen the doctor. The mom said, "Since Daniel got over his cold, he's been fine and doesn't need to see the doctor."

Situation #6: Development/Mental Health

Maria is four years old. Maria's developmental screening was impossible to complete. On the developmental history, Maria's mother said that she was able to speak in full sentences, dress and feed herself, and play games with other children. However, in the month since Maria enrolled in the program, she has mostly sat in the corner with her thumb in her mouth. She refuses to play with other children and only talks minimally in baby talk to the teachers. Maria's mom says that it might have to do with the fact that the grandmother who raised Maria just died last month of a heart attack in front of Maria.

For use with Activity 7

Module 2

Partnerships in Ongoing Well-Child Health Care

Outcomes

After completing this module, participants will be able to:

- *prepare a strategy for assuring the delivery of well-child health care to Head Start children, based on community assessment;*
- *evaluate the quality of their program's screenings, exams, observations, and communication with parents regarding procedures and results;*
- *support parents in providing follow-up services to address identified health needs and track the provision of well-child health care services; and*
- *evaluate and improve their ability to individualize the Head Start program to match a child's identified needs.*

Key Concepts

Well-child health care is the concern of all Head Start staff. The role that each staff member takes will vary, depending on the needs of their Head Start children and the services available in their community.

High quality screenings and exams are characterized by:

- **Establishing partnerships with parents, Head Start staff, the "medical home," and the Health Services Advisory Committee**
- **Employing qualified individuals to perform the tests**
- **Utilizing standardized methods appropriate for the child's age and background**
- **Using creativity to solve challenges to accurate screenings and exams**

Staff members individualize the Head Start program by responding to information they gather from each child's screening and from insights from the child's parents.

Head Start staff provides education for parents, as needed, so they can learn to obtain and administer medication and implement the follow-up plan after health needs are identified.

Background Information

A. The Elements of High Quality Screenings and Exams

- *Qualified and Trained Examiners*

The initial screening and exam period around enrollment is the ideal time to link a child and family to their "medical home." The medical home provides the entire family with ongoing accessible health care. Once linked to a medical home, the parents can develop a long-term relationship with the health care provider. Medical and dental exams must be done by licensed health professionals—the medical exam by a physician, nurse practitioner, or physician's assistant, the dental exam by a dentist. Professional standards require specific procedures and equipment. In addition to the physical and dental exams, properly trained professionals at the medical home will test for anemia, tuberculosis, lead, metabolic disorders, or parasites.

To ensure the provision of well-child health care for each Head Start student, it is essential that Head Start staff assess the community of their families. For example:

- Is there a provider who can perform good developmental screens?
- Are pediatric dentists available?
- Do office hours accommodate working parents?

The Head Start program can then tailor its services to dovetail with existing services. Since well-child health care is a long-term goal, and children may spend only one or two years in Head Start, working towards continuity is important. Head Start's efforts are twofold: to assist families in accessing health services during their time with Head Start, and assuring that families are able to continue with their care in the future. Head Start works with health professional in the local community without duplicating their services.

In some instances, screenings for height/weight, vision, and hearing are performed by properly trained Head Start staff, parents, or volunteers—not the medical home. The Head Start staff does screen to identify concerns regarding a child's developmental, sensory, behavioral, motor, language, social, cognitive, perceptual and emotional skills. The screens are age and language appropriate for the child. Since information and techniques may change, training should be updated regularly.

- *Standardized and Appropriate Instruments*

Instruments are the tools or methods that are used in screening such as the developmental checklist, nutrition questionnaire, and vision charts. High quality instruments are:

- ***Standardized:*** The screening instruments should be developed by experts and tested on large numbers of children. They must be "reliable" and "valid"—accurately assessing the child's capabilities when trained examiners perform them correctly. They must also be "normed" to determine the "normal range" of test results around the average that includes 95% of the healthy children tested.

- ***Appropriate:*** Screening instruments should be appropriate to the program's needs and resources. Programs should identify screening methods that are comfortable for the children. The time for screening should be short enough for a child to maintain concentration. Ideally, programs should use screening instruments normed on children of similar age, gender, culture, language, and economic background.

Note to Trainer/Coach:

If programs use screening instruments that they have developed on their own, they may not be reliable, valid, or normed. This may lead to lower quality screening results.

- *Effective Procedures*

Evaluating the quality of screening and exam procedures can be subjective. Programs must aim to provide the best experience possible for all participants. The process should:

- ***Allow children to perform at their best.*** Children should be prepared in advance. During screenings and exams they should be made to feel comfortable, and the surroundings should help them concentrate.

- ***Involve the parents.*** Throughout all exams, screenings, and observations, parents play an important collaborative role. It is important that they understand the procedures their children will undergo, give their consent, and understand the meaning of the results. Head Start staff should be able to explain all procedures and test results, even those they do not perform. Parents should be encouraged to ask questions about the procedures and results. Parents know their child best and can provide valuable information for screening. They should be encouraged to serve on advisory committees, to review procedures, assist in classroom-based screening, and accompany their children to the medical home for clinic-based screenings and exams.

- *Following Up On Screenings and Exams*
  - ***Assessment*** or diagnostic evaluation provides more in-depth testing or examination to determine whether, in fact, a child has a special health or developmental need. It is done by specialists in child health and development such as a physician, dentist, or psychologist. It also involves the parents, staff, and often other agencies such as schools, developmental centers, and the medical home. Assessment might include standardized developmental tests, specialized physical exams (e.g., neurological or occupational therapy evaluation), and laboratory tests (e.g., blood tests, urine tests, or X-rays).

    The assessment might indicate that the child has:

    - no specific problem and no follow-up is needed
    - no specific diagnosis but some concerns; further observation and follow-up testing may be recommended
    - a diagnosis of a health condition and recommendations for treatment and follow-up
  - ***Diagnosis*** is the specific medical or developmental condition determined by a health professional. For example, a physician might diagnose anemia, and a psychologist might diagnose a learning disability.

    A diagnosis helps to understand the child's condition and make specific recommendations for treatment and follow-up. It must not be used to label or stigmatize a child.
  - ***Treatment***, therapy, or intervention is the process of caring for any condition that the health professional diagnoses. The treatment aims to cure a health problem or reduce the impact of a disability. For example, a doctor might prescribe medication for anemia, and a psychologist might recommend special

education services for a learning disability. Parents and staff in partnership are responsible to see that follow-up plans are developed and implemented.

- ***Follow-up*** involves re-evaluation of the child's progress by the parents, staff, and health care providers. How soon, how often, and with whom follow-up is needed depends upon the health condition and the treatment. For example, a child with a simple health problem (e.g., an uncomplicated ear infection) might need a single follow-up visit with one health care provider. A child with a more complex health problem (e.g., failure to thrive resulting from severe child neglect) might need frequent follow-up visits and evaluations over a longer period of time with many different health specialists.

Procedures need to be in place to track both well-child health care and treatment for medical needs. It is important to work with parents to ensure follow-up treatments for diagnosed medical needs found during the screening process. When there are difficulties in following up, it is crucial that program staff, parents, and health care providers re-evaluate the situation and work collaboratively to develop strategies to address the challenges. Health screening, exams, assessments, and diagnoses are only valuable when they are followed by appropriate treatment.

B. The Challenges to Quality Screenings and Exams

Head Start staff have many responsibilities in ensuring that screenings, exams, and immunizations are completed within the time frame specified by the Head Start Program Performance Standards. There are many details to coordinate, document, review, and follow up. All this can be very challenging because the process depends on the cooperation of all of the partners—staff, parents, health care providers, and children. Each partner has her own perspective, needs, and particular difficulties. Some of the challenges include:

- *The Health Care System:* In some areas, it can be difficult to find health care providers who are accessible, accept Medicaid/EPSDT, speak the families' languages, and are sensitive to families' diverse backgrounds. Some health care systems may restrict access to desired services or may not offer services of highest quality.
- *The Head Start Program:* Programs may have limitations in staffing and resources for screenings, exams and follow-up.

- *Children:* Some children may have difficulty cooperating with screenings and exams. It can be particularly difficult for younger children to complete complex procedures with unfamiliar examiners at the beginning of the school year.

- *Families:* Some families may not understand the importance of well-child health care, or they may have other issues that take priority over health care. They may have difficulty taking time off from work, getting transportation, or securing childcare for medical home appointments. Ensuring follow-up may be difficult for some families.

Note to Trainer/Coach:

For more information on communication with parents, see the guide **Communicating With Parents** *in the Parent Involvement series of Training Guides for the Head Start Learning Community* .

C. The Individualized Health Plan

When medical, developmental, or dental needs are identified, Head Start staff can best meet the needs of children by developing an Individualized Health Plan (IHP). The IHP is a written reference developed in partnership with parents, medical professionals, classroom staff and relevant members of the Head Start management team (dieticians, health coordinators). This plan guides the staff and parents in supporting the health of the student.

Note to Trainer/Coach:

For information on individualized health plans, see the guide **Caring for Children with Chronic Conditions** *in the Health series of Training Guides for the Head Start Learning Community.*

D. Everyone's Role in Well-Child Health Care

Well-child health care is an important part of everyone's job. No one person can—or should—be expected to be the only one "responsible" for the health of Head Start children. The responsibility must be shared among all staff.

Through everyday observations, any member of the staff can note a change in the child's health. It may be the dietician who notices the first signs of high blood sugar in a child or the bus driver who observes the first signs of a sickle cell crisis on the long ride to school. An administrator who is spending some time in a classroom can give some individual attention to a child who needs a bit of "TLC" (tender loving care) while recovering from a cold. A home visitor can work with a parent to plan meals high in iron for a child at risk for anemia, or suggest activities for a child whose behavior is challenging.

Questions for Discussion/ Reflection

Think about a time when you, a family member, or friend received a screening test or exam. It might have been a physical exam, dental exam, hearing test, cholesterol test, mammogram, PAP smear, or other test.

- How would you rate the overall quality of the experience for you?
- What made it either a good or bad experience for you? For example:
  - Was the procedure explained to you in advance?
  - Were you made to feel respected and comfortable during the procedure?
  - Were the results thoroughly explained to you afterwards?
- Did you follow-through with what the physician suggested?

As you reflect on what made the experience pleasant or unpleasant for you, consider the features of screenings and exams that parents and children experience in your Head Start program.

Module 2

Activity 1: Locating Services in Your Community

Purpose: Management staff will consider the well-child health care components required within the Head Start Program Performance Standards and determine how their own Head Start program can assure that all children receive the services.

For this activity you will need:

- Handout E: Planning for Services
- Section 1304.20: Child Health and Developmental Services of the Head Start Program Performance Standards for each participant
- Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) State Schedule

Step 1: Review with participants the section of 1304.20: Child Health and Developmental Services of the standards that describe essential well-child health care.

Distribute to each participant a copy of Handout E: Planning for Services, and your state's EPSDT schedule.

Step 2: Ask each participant to find a partner. Together, have them discuss the ways that children receive each aspect of well-child care in their community. Have participants consider the EPSDT requirements in their state.

Ask participants to think about the various types of well-child health care providers in their area. For example:

- Is there a sufficient number of dentists in the area? Do these dentist have expertise in treating young children?
- Are there adequate facilities at the community clinic for hearing evaluations?
- Are the majority of families covered by Medicaid? If so, are providers willing to accept this payment method for screenings? Do the providers spend enough time on screenings to achieve valid results?

- Are most families enrolled in a Health Maintenance Organization (HMO) to cover their health care? If so, what well-child health care is part of the benefits package?

- For migrant families, are clinics open during times when parents are not engaged in fieldwork?

Using Handout E and the state's EPSDT schedule, instruct the partners to rate each aspect of care according to its accessibility and quality: high quality, easily accessible, medium quality, some access, or low quality, not accessible.

Step 3: Ask participants to highlight those services on Handout E which they don't believe are available from the health care community in their locale.

Step 4: Give the group about 15 minutes to fill out their handouts.

Step 5: Ask each pair to choose one service that is easily accessible and of high quality, and share with the group. Ask them to describe how they assure that children receive this service.

Step 6: Ask each manager to use the materials from this workshop in planning the health care services in her own program. Lead a discussion with the participants that explores gaps in services in their community.

What does each manager do to ensure that services which are not currently available become available?

Are there things she can do in the short-term, such as:

- have staff members assist parents in transporting children to providers out of the area?

- hold some screenings on-site at Head Start?

- have meetings with local providers' organizations to advocate for more appointment times for Head Start children?

- hook up with a public health program like Women, Infant, and Children (WIC) to jointly publicize services?

- other...?

What can program managers do to assure services in the long-term? Can they…

- work with local state or tribal officials to recruit more providers to the area?
- contact a nearby university to help educate providers about quality services?
- other…?

Points to Consider:

- Head Start's commitment to wellness embraces a comprehensive vision of health for children and families. To achieve wellness a variety of health services are necessary. Head Start staff face challenges as they help families access quality, comprehensive health services.
- Head Start's role is different in different communities. Some Head Start programs may find a need to carry out some screenings on site. Others may find that the community providers' services fit nicely with the Performance Standards.
- How do we determine Head Start's role in the provision or tracking of services?
  - What aspects of the community situation contribute to quality?
  - What aspects of the situation may reduce the quality?
  - Some strategies to support the strengths are…
  - Some strategies to overcome the quality problems are…
- It is important to realize that short-term and long-term strategies can be carried out simultaneously. Both are essential in achieving the goal of high quality, comprehensive services.

Activity 2: Taking Inventory of Screenings and Exams

Purpose: This activity helps participants assess how well they, as individuals and as part of the total program, promote well-child health care. They will discuss the strengths and weaknesses of their program's screenings and exams, and identify areas for improvement. This activity is helpful for staff from all service areas.

For this activity you will need:

- Handout F: Taking Inventory, for each participant

Step 1: Distribute Handout F: Taking Inventory. This worksheet will help determine how well you are doing in well-child health care and screening. Take a few minutes to answer the questions.

Step 2: For each question on Handout F: Taking Inventory, ask a participant to briefly explain what it means and why it's important.

Step 3: Discuss the following questions, citing examples from specific screening and exam procedures (e.g., hearing test, screening for developmental concerns, etc.).

- Based upon the results of your worksheet, what screening activity do you do best? Which do you need the most help on?
- What does your program do best? What does your program need to work on?

Step 4: Discuss the following questions, again citing examples from specific screening and exam procedures:

- How do you think the children feel about the screenings and exams Head Start is required to complete? What could you do to make them ready?
- How do you think the parents feel about the screenings and exams? What could you do to make them feel more comfortable and involved?

Step 5: Ask participants to identify for themselves one aspect of screening that they would like to improve over the course of the school year. Write it down, sign it, and give it to your supervisor or partner. Ask the supervisor or partner to put a reminder on the calendar for the month of May to discuss how progress is going with screening.

Points to Consider:

- Head Start programs are required to document certain screening procedures in order to comply with the Performance Standards (e.g., completing screenings and exams within the time limit).
- Programs should also strive for the highest quality in well-child health care for Head Start children and families. Attention should be paid, for example, to truly preparing children, involving parents, supporting families' relationships with their "medical homes," and making best use of the Health Services Advisory Committee.

Well-Child Health Care:
Making It Happen...

Baby Bottle Tooth Decay
is decreasing in Alaskan communities!
The solution?
Parent dental health advocates
trained in oral-wellness curriculum are
dispensing parental support, toothbrushes,
and good information throughout
the community.

Activity 3: Everyone's Role in Well-Child Health Care

Purpose: This activity give participants the opportunity to review a story of one Head Start program's experience with screening and identify the roles and responsibilities of all the partners: Head Start staff, parents, children, and health care providers. Participants will identify the challenges to good screenings and develop strategies, including advocacy and collaboration building, to overcome the difficulties.

For this activity you will need:

- Handout G: Health Screening at Twin Oaks Head Start, for each participant
- Flip chart paper and markers, or blackboard and chalk

Step 1: Explain that this exercise will illustrate the importance of everyone's role in screenings, identify challenges to good screenings, and develop strategies to overcome them.

Step 2: Distribute Handout G: Health Screening at Twin Oaks Head Start. Read the story aloud or ask a participant to volunteer to read it aloud.

Step 3: Explain that we will diagram the Screening Story. Staff, parents and health care providers all support health screening like spokes support a wheel.

Following the **sample copy** of Everyone's Role in Screening as your guide, draw a circle with the word "health screening" in the middle on flip chart paper or on a blackboard. Draw and link at least five smaller "role" circles to the "health screening" circle.

In each role circle, have participants list a partner in screening:

- Staff (e.g., Teacher, Health Coordinator, Family Service Worker)
- Parents
- Children
- Health Care Providers

- Community Volunteers
- Health Services Advisory Committee

Step 4: Have participants list activities for each role that support screening. Write down the activities as smaller spokes off the "role" circles (e.g., Dentist: conduct dental exams).

Step 5: Point to a specific role (e.g., Parents) and ask participants:

- Why is this role important?
- What would happen if this partner were not involved in screening?

Point to an activity (e.g., Family Service Worker: arrange for an interpreter for non-English speaking parents) and ask participants:

- Why is this activity important?
- What would happen if this activity were not completed?

Step 6: On the flip chart paper or blackboard, write a heading "Challenges" on the left. Have participants brainstorm a list of the major difficulties in this program's screening story. Write them down in this column.

Step 7: To the right of the column for Challenges, write a heading "Strategies." Have participants brainstorm some strategies by which the key partners can work together to overcome the challenges to screening. Write them down in this column.

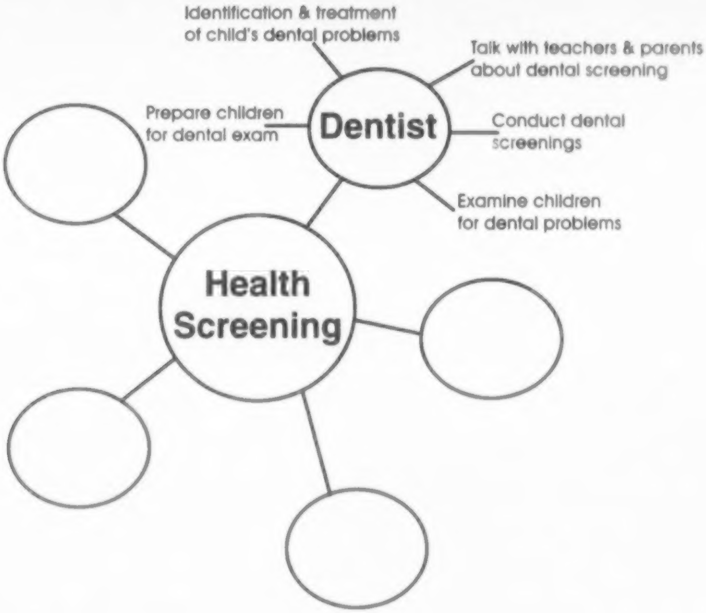
Step 8: Ask participants to think beyond this example of dental screening and exams:

- Give examples of other screenings that involve many partners and activities.
- Give examples of other challenges to screening that you've experienced, and strategies that were developed among the partners to overcome the difficulties.

Points to Consider:

- Important screening activities include:
    - Working as a team among staff to complete health screening and exams
    - Ensuring that the Health Services Advisory Committee plans and reviews the screening program
    - Training people conducting screenings and exams
    - Preparing children for screenings
    - Informing and involving parents in all aspects of screenings
    - Explaining screenings and exam results to parents
    - Supporting parents with follow-up with health care providers
    - Ensuring confidentiality of screening results
    - Involving community partners in screenings
    - Completing required screenings within the required time limit
- The challenges to screening tend to involve and affect more than one of the partners in screening. Therefore, the partners must work together to develop effective strategies to overcome the challenges.

Sample Copy: Everyone's Role in Screening


Health Screening
Dentist
Identification & treatment of child's dental problems
Talk with teachers & parents about dental screening
Prepare children for dental exam
Conduct dental screenings
Examine children for dental problems

Challenges	Strategies
1. Few private dentists participate and Dr. Jimenez is overloaded with patients.	1. Advocate for more dentists to serve Head Start children.
2. Managed care assigns dentists that may not be trained or set-up for caring for children.	2. Ask dentist if they have colleagues or partners who specialize in working with children.
3. Managed care assigns dentists that may be far away.	3. See if the Family Service Worker can assist parents with transportation.
4. Managed care assigns dentist that may not speak the language that families do.	4. Arrange for a translator to accompany the parents to the dentist.
5. Managed care assigns dentists that have long waiting lists for appointments and cannot complete exams withing 45 days.	5. Schedule dental appointments for the summer prior to September admission.

Activity 4: Exploring the Challenges

Purpose: This activity helps staff identify the challenges and develop strategies for ensuring well-child health care for Head Start children.

For this activity you will need:

- Handout H: Exploring the Challenges, for each participant

Step 1: This exercise allows participants to discuss the challenges to well-child health care from different perspectives.

Step 2: Take a few minutes to review Handout H: Exploring the Challenges.

Step 3: The group will discuss each situation with each participant taking a different perspective. Beginning with situation #1, have each participant identify the role that he or she will play: one person will be the staff person, another the parent, and the third a health care provider.

Take a moment to get into the perspective of your role. Reread the situation and focus on your feelings and the difficulties from your perspective.

Step 4: Take five or 10 minutes to play out the situation. Begin by trying to understand everyone's perspective. Try to move the discussion toward strategies that will help overcome the difficulties.

Step 5: Change roles and proceed to the next situation. Discuss all of the situations in the same manner. Continue to change roles to ensure that everyone has the chance to play every role.

Step 6: Discuss how this activity felt from the perspective of the staff, parent, and health care provider.

- What are some differences in perspective that can get in the way of the partnership in well-child health care and screening?

- What is the "common ground" to emphasize in order to promote the partnership in well-child health care and screening?
- How might you incorporate "taking a different perspective" into your daily work experience?

Points to Consider:

- In order to empower parents in well-child health care we must be sensitive to families' beliefs and challenges. We should provide basic information and work together to try to overcome the difficulties.
- The challenges to well-child health care tend to involve more than one of the partners. Therefore, Head Start staff, parents, and health care providers must all work together to develop effective strategies to overcome the challenges.
- We can facilitate communication and cooperation by standing firmly on our "common ground"—everyone's concern for the best interests of the child.

Activity 5: Well-Child Health Care Dilemmas

Purpose: This activity allows participants to evaluate different scenarios for aspects that support or reduce quality well-child health care. Participants will brainstorm strategies for improving their ability to make well-child health care "happen."

For this activity you will need:

- Handout I: Dilemmas in Assuring Well-Child Health Care for each participant.
- Flip chart paper and markers

> ***Trainer Preparation Note:***
>
> *Before the training, write down the discussion questions from* **Step 3** *on flip chart paper.*

Step 1: Explain to participants that this activity will give them the chance to assess the strengths and problems in various scenarios dealing with the provision of well-child health care.

Step 2: Divide participants into small groups of three to five people. Ask them to imagine they are consultants to help Head Start programs improve the quality of delivering well-child health care.

Step 3: Distribute Handout I: Dilemmas in Assuring Well-Child Health Care to each participant. Explain that each program's dilemma has both quality problems and strengths.

Instruct each group to review each scenario and discuss the following questions (posted on flip chart paper):

- What aspects of the situation contribute to quality?
- What aspects of the situation may reduce the quality?

- Some strategies to support the strengths are…
- Some strategies to overcome the quality problems are…

Step 4: Reconvene the group and discuss each dilemma with each small group reporting back about the strengths, problems, and strategies they identified. List the strategies on flip chart paper.

Step 5: Ask participants to think about these dilemmas and their experiences with assuring all the elements of well-child health care in their own programs. Ask participants to discuss some of the advantages and disadvantages of:

- Having Head Start staff instead of parents take children to their dental appointments?
- Holding a child health screening clinic instead of sending children to their "medical home" for screenings and examinations?
- Using screeners who are teachers, parents, and volunteers rather than health professionals?

Step 6: Ask participants to briefly describe any other creative and successful strategies that programs have used to ensure well-child health care, including the completion of screenings and exams, tracking services, and education. Have you heard about any interesting methods that you might like to try in your program?

Points to Consider:

- The goal of well-child health care is best served when there is a partnership between parents, staff, and health care providers.
- Screenings and exams alone do not ensure well-child health care—a tracking system must be in place to ensure follow-up to meet identified needs and the delivery of routine immunizations and examinations.
- There are many challenges to quality screenings and exams, such as time limits and the lack of resources. Programs should aim to preserve quality, since a poor quality screening or exam is of no benefit and may be harmful. If compromises must be made, they should be made with the advice of health consultants and the Health Services Advisory committee.

Activity 6: Sam's Story Part Two—Supporting Parents

Purpose: This activity helps participants develop skills in supporting parents in accessing well-child health care and services to follow-up on needs identified in screenings and examinations.

For this activity you will need:

- One copy of Handout J: Sam's Story—Part Two

Step 1: Distribute and review with participants Handout J: Sam's Story—Part Two

Step 2: Discuss the following questions:

- What follow-up would be helpful with the family?
  - When would you want to follow up?
  - Who should be involved?
  - Who would you ask?
  - What would you say?
- In your Head Start community, how would you support parents in accessing well-child health care (including dental care)?
  - Who would you talk to?
  - Who would help?
  - Are there logistical barriers? (Transportation? Office hours that are difficult for working parents?)
  - Are there cultural barriers? (A different belief system regarding cures? Language barriers?)
- How would you document the interventions in the child's health record?
- How are recent changes in legislature preventing or promoting access for your families?

Step 3: Discuss any experience that you have had with supporting parents in accessing well-child health care and follow-up services.

- What was successful?
- What was not successful?

Step 4: Discuss the following:

- What if there were several children in the classroom who were diagnosed with the same problem?
  - What additional classroom or family interventions might be helpful?
  - What might be done as a group to access health care and deliver follow-up services?

Points to Consider:

- It is important that the parents and key staff understand the results of screenings and exams, the diagnoses, and the recommended treatment and follow-up.
- Careful documentation is crucial to facilitate comprehensive review and appropriate assessment, treatment, and follow-up to meet each child's health needs.
- For common health problems, programs should determine which classroom, multifamily, and community interventions might help. This might involve more extensive public education and advocacy.

Activity 7: Observing is Screening

Purpose: This activity helps participants appreciate the role of daily observations in screening.

For this activity you will need:

- One copy of Handout K: Observation Worksheet, for each participant

Step 1: Take 30 minutes to observe two children playing. It can be in a center or home-based setting. Select a boy and a girl who are approximately the same age.

Step 2: Using Handout K: Observation Worksheet, jot down your observations of each child's physical appearance, emotions, behavior, and skills. Write any additional observations in the "Other" section.

Be sure to document your observations in specific, descriptive terms. For example, under "Emotional State" you might write "playing and laughing with other children" rather than "okay."

Step 3: Take 30 to 40 minutes to discuss your observations with your coach or partner(s). Begin your discussion by giving a brief description of each child.

Step 4: Based on your experience with children:

- Make a check on your worksheet next to each of your observations that you think falls "within the normal or typical range" for children that age.
- Circle any item that you have concerns or questions about possibly being "outside of the normal or typical range" for children that age.

Step 5: Use your worksheets to discuss the following questions. First, focus on the checked "normal" or "typical" features:

- Did you have mostly "typical" checks for these two children? If so, what does this mean?

- Look at one feature that is checked for both children. Were the children the same, or did they both appear "normal" but in different ways?
- Consider the other children in the program. How much variation do you see in this feature among the children?
- What does this tell you about the range of normal appearance, behavior, and skills among children at a given age?

Step 6: Next, focus on the circled "questions" or "concerns" features:

- What made you feel concerned about this observation?
- What does it mean that you have circled some features? How is the meaning of your observations similar to the meaning of screening?
- Who would you want to discuss these observations with? What would you want to tell them about your observations and what would you ask them about your observations?
- What further evaluation or follow-up might be helpful to address your questions or concerns?

Step 7: Take one of your circled items. State what further evaluation (i.e., screening test, exam, assessment, or evaluation) might be needed.

Imagine that the results of this further assessment were normal.

- What does this imply about the role of your observations in screening?
- How would you plan to be alert to further developments with this child?
- Would you want to repeat the screening or exam to be sure there are no problems?

Step 8: Take another one of your circled items. State what further evaluation (i.e., screening test, exam, assessment, or evaluation) might be needed.

Imagine that this further assessment indicated that the child had a special health condition or disability.

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- What does this imply about the role of your observations in screening?
- What might you want to find out about the cause, treatment, and outcome for the health condition?
- Are there any possible implications for screening for other family members (e.g., younger siblings) or classmates?

Points to Consider:

- Both parents and teachers have the opportunity to observe children in various activities. Careful observations of each child over time are important elements of screening.
- Most of children's appearance, behavior, and skills fall within the broad range of "normal or typical" for children that age.
- Observations of concern include signs of physical or emotional pain, difficulty participating in activities, and difficulties in social interactions.
- Observations should be discussed with other individuals who have observed the child over time and know the child best, such as parents and teachers. If teachers and parents agree that there are concerns, they need to be carefully documented and assessed along with other history and screening information. It means that the child **might** have a special need, and further observation, discussion, and/or evaluation may be necessary.

Note to Trainer:

For more information on developing observation skills, see the guide **Observing and Recording: Tools for Decision Making** *in the Education series of Training Guides for the Head Start Learning Community.*

Activity 8: Program Planning

Purpose: This activity illustrates how information from screenings, exams, and assessments can affect plans for classroom interventions and parent education.

For this activity you will need:

- Handout L: Program Planning Stories (Separate the stories and attach to each story the corresponding fact sheet from Appendix B)
- Appendix B: Well-Child Health Care Fact Sheets that correspond to the Program Planning Stories:
  - Story #1: Anemia Screening
  - Story #2: Immunizations
  - Story #3: Developmental Screening
  - Story #4: Nutrition Assessment

Step 1: Explain that participants will be part of an interdisciplinary team conference to review screening and assessment results and develop program plans.

Step 2: Divide participants into four groups: #1, #2, #3, and #4. Instruct each group to begin by…

- having each participant identify his role and function within the interdisciplinary team conference.
  - Each group should have a representative of health, disabilities, social service, education, and family involvement functions.
  - Participants may or may not choose to play their actual roles.
- assigning a "recorder" who will report back to the large group.

Step 3: Distribute to Group #1 the Program Planning Story #1 with its attached fact sheet (Anemia) that corresponds to that story. Distribute the handouts in the same manner to Groups #2, #3, and #4.

Step 4: Allow the groups 15 minutes to review their stories and the fact sheets and then develop a program plan to meet the needs of the situation. Address the following questions:

- What else might you need to know?
- What are some sources of information among the families, community, and health professionals?
- What is the role of the parents? What parent education would you provide?
- What is the role of Head Start staff? What classroom interventions might you make?
- How would you document and follow up your program plan?

Step 5: Bring the groups back together. Have each recorder read the story aloud and summarize that group's plan.

Encourage other participants to add their comments.

Step 6: Ask participants to describe some health problems that many children in your program have experienced.

- Have you done interdisciplinary team conferences to discuss the problems?
- What kinds of classroom-wide, multifamily, and/or community interventions have you tried to address these common health problems?
- Who has been helpful within the program and outside the program?
- Has this activity given you any ideas about new strategies that you might like to try to address common health problems?

Points to Consider:

- When several children and families in the program have the same health problem, programs should consider what classroom, multifamily, and community interventions could help. These might include education and advocacy.

- To address health problems, programs should obtain all of the necessary information about the causes and possible interventions for the problem.

  Sources of information on health issues include program staff, parents, local health care providers, departments of public health, health consultants, and regional/national health agencies.

- It is important that the parents and key staff understand:

  - the results of the screenings and exams, the diagnoses, and the recommended treatment and follow-up;

  - the measures to take at home and school to treat and prevent the problem; and

  - the importance of comprehensive well-child health care, beyond addressing the identified health problem.

- Discussions with families should be sensitive to their knowledge, beliefs, practices, living situation, and resources.

- Careful documentation is crucial to facilitate comprehensive review and appropriate assessment, treatment, and follow-up to meet each child's health needs.

Activity 9: Keeping Up—Tracking Health Services

Purpose: This coaching activity helps participants assess their program's health tracking system and develop skills in tracking and determining what and when health follow-up is needed.

For this activity you will need:

- Handout C: Child Health Records (*from **Module 1***) or your own agency records
- Handout M: Trackville Head Start Tracking Instrument
- Appendix A: Recommendations for Well-Child Health Care **or** your own state EPSDT guidelines
- Key to Activity 9: Keeping Up—Tracking Health Services *(For Trainer Only)*

> ***Trainer Preparation Note:***
>
> *If you want to update the child health records and tracking instrument so that they reflect current information and have current dates, you will find blank copies of these handouts that you can fill out in* **Appendix C: Blank Records & Forms**.

Step 1: Explain that this activity will help assess your program's health tracking system and develop skills in reviewing tracking records.

Step 2: Ask the participant(s):

- What is the current system that you use to track children's health services in your program? How has it been working for you? What are your system's strengths? What are its' weaknesses?
- Are you considering upgrading to a new computerized system or an improved version of an existing system? What have been your sources of information? What have you learned? What else do you need to find out? (Make plans to get the additional information needed.)

Step 3: Distribute Handout C: Child Health Records (*from **Module 1***). Explain that this child, Janine, is attending Trackville Head Start. Distribute Handout M: Trackville Head Start Tracking Instrument. Explain that this tracking instrument includes the health records of Janine's class in the program.

Ask participants to enter Janine's health record into the Trackville Head Start Tracking Instrument in space #15.

Step 4: Distribute Appendix A: Recommendations for Well-Child Health Care **or** your own state EPSDT guidelines.

Ask participants to use the preventive care guidelines and review the Trackville Head Start Tracking Instrument to identify children or records that need follow-up for any reason. For example:

- Is any data entered incorrectly?
- Are any records or health services not up-to-date with the EPSDT guidelines?
- Are there children with abnormal results who need repeat screening, follow-up evaluation or treatment?
- Are more than the usual number of children failing a screening? Is there a problem with its administration?

Instruct participants to circle elements that need follow-up and note what follow-up is needed for each. Allow 10-20 minutes.

Step 5: Review with participants the Trackville Head Start Tracking Instrument. Beginning with Janine, identify any elements in the health records that need follow-up. Then proceed with each of the children, identifying the follow-up needed. (See Key to Activity 9: Keeping Up—Tracking Health Services.)

Step 6: Explain that, once a need for follow-up and a timeframe has been determined, programs need a "tickler file" or reminder system. Ask:

- What system do you have to remind you of follow-up needed to complete missing health services, further evaluation or treatment, and follow-up for children to stay up-to-date on age-appropriate preventive health care and immunizations?

- How has your system been working for you? What are your system's strengths? What are its weaknesses?

- Do you need to improve your reminder system? What have been your sources of information? What have you learned? What else do you need to find out? (Make plans to get the additional information needed.)

Step 7: Have participants look at the entire class of children on the Tracking Instrument. Ask:

- Are there any common problems that are apparent? (For example, are many children missing growth measurements or vision screening? Are many children not up-to-date on their immunizations? Do many children have anemia?) What plans might you make to address these concerns?

- How are you using this information to plan services with your Health Services Advisory Committee, Policy Council, and health care providers in your community?

Points to Consider:

- Tracking involves systematic documentation and review of children's health records. Effective tracking tools help identify the health services that children have received and children who require follow-up.

- The program's tracking system must facilitate the sharing of necessary information among staff including the program director, component coordinators and other designated staff.

- Specific staff must be designated, trained and monitored in entering and reviewing tracking data.

- The program's tracking system must be reviewed regularly to ensure that the information is current and relevant to the program.

Key to Activity 9: Keeping Up—Tracking Health Services *(For Trainer Only)*

Note to Trainer: *Tracking Instruments must often be assessed several times to properly catch all of a child's health needs. Proper documentation and dating of services is essential and must be double-checked. The health records in this activity reflect the errors and omissions that can occur.*

	Health Records	Health Tracking Plan
1	abnormal development test	- repeat development test
2	normal	- usual follow-up
3	abnormal spinal exam; r/o scoliosis dental caries	- refer to primary care provider/orthopedist for evaluation and treatment - refer to dentist for treatment
4	missing history, nutritional assessment and development test; dental caries	- perform missing tests and assessments - refer to dentist for treatment
5	overweight, poor nutrition; failed vision test 2x; abnormal development test	- refer to primary care provider/nutritionist for evaluation/treatment - eyeglasses prescribed 10/96; repeat development test with glasses
6	abnormal pulmonary exam, diagnosis of asthma per Dr. Spencer; missing immunizations	- treatment and health plan for asthma - refer to primary care provider for immunizations
7	low hemoglobin, increased blood lead level; dental caries; missing immunizations	- counseled family regarding lead/notified health dept. - recheck hemoglobin and lead in 6 months - refer to dentist for treatment - refer to primary care provider/nutritionist for evaluation/treatment
8	failed vision test	- repeat vision test
9	normal	- usual follow-up
10	abnormal development test; abnormal heart exam; missing lead result	- refer for development assessment/treatment

Key to Activity 9: Keeping Up—Tracking Health Services *(continued)*

Note to Trainer: *Tracking Instruments must often be assessed several times to properly catch all of a child's health needs. Proper documentation and dating of services is essential and must be double-checked. The health records in this activity reflect the errors and omissions that can occur.*

	Health Records	Health Tracking Plan
11	failed hearing 2x; low hemoglobin (NOTE: Information in Parts B & D are inconsistent)	- refer to primary care provider/audiology for evaluation/treatment - refer to primary care provider/nutritionist for evaluation/treatment
12	increased blood lead level; dental caries; missing vision result (NOTE: Information in Parts B & D are inconsistent)	- counseled parents/repeat lead level in 6 months - refer to primary care provider/nutritionist for evaluation/treatment - refer to dentist for treatment - repeat vision test
13	low hemoglobin; underweight; poor nutrition; severe malnutrition per Dr. Spencer; abnormal development test; dental caries; missing immunizations	- refer to primary care provider/nutritionist for treatment - refer to dentist for treatment - repeat development test after well-fed - refer to primary care provider for immunizations - refer to Social Services/Child Protective Services
14	normal	- usual follow-up
15	missing hep B immunization; asthma, allergies; underweight, poor nutrition; no speech evaluation; increased blood lead; dental caries	- refer to primary care provider for immunizations and treatment plan for asthma and allergies - check results of lead retest - perform speech evaluation - refer to dentist for treatment - refer to primary care provider/nutritionist for evaluation/treatment

Next Steps: Ideas to Extend Practice

Review Your Program's Screenings and Exams

As part of your annual program self-assessment, conduct a "Quality Review" of your program's screening instruments and procedures. Interview children and parents to find out if the screenings and exams were adequately explained to them, if they were made to feel comfortable and involved, and how the process could be improved. Collaborate with other Head Start programs to learn creative approaches to solving screening challenges.

Discuss screenings at a meeting with staff members, parents, Health Services Advisory Committee, Parent Council, and health care providers. You may wish to discuss the following issues:

- Do the screenings and exams effectively identify children's health needs and involve the parents in their child's health care?
- Do they involve cooperation of staff, parents, and health care providers?
- How can the screening process be improved?

Keep Health Care Follow-up on the Agenda

Periodically, reserve time to share information about the families' challenges in following through on their children's health care. Gather ideas about how best to support the parents. Develop methods to track the delivery of services to Head Start students.

This system could include a master calendar shared by parents and staff stating when the child is due for services, or an organized system of transportation to and from appointments. Health professionals could be brought on-site to facilitate delivery of services. Screening alone will not ensure well-child health care; following through with preventive services and services to meet special needs is essential.

Assemble a Multicultural Health Panel

When Head Start screenings and exams identify health problems and recommend treatment, the family might not complete the follow-up if their health beliefs are very different from the recommendations.

Invite health experts, families, and community members from different cultural backgrounds to discuss health beliefs and practices of different cultures represented in your Head Start program. Topics of discussion may include the following:

- How to maintain good health
- What causes illness
- Who are the health care providers
- What are appropriate treatments
- The importance of establishing a "medical home," screenings, exams, and follow-up treatment for identified needs
- The importance of well-child health care

Well-Child Health Care: Making It Happen...

The Health Coordinator from Heartland Head Start in Bloomington, Illinois volunteered to scrub surgical instruments at the monthly adult free dental surgery clinic. As a result of this volunteer work, the oral surgeons now provide dental surgeries free for Head Start children without insurance or accept what Medicaid pays.

Handout E: Planning for Services

Services	High Quality	Easily Accessible	Medium Quality	Some Access	Low Quality	Not Accessible
Screening: developmental, behavioral, and sensory						
Mental Health						
Speech and Language						
Dental Health						
Primary Medical Services						
Health Education and Promotion						
Nutrition						

For use with Activity 1

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Handout F: Taking Inventory

Check your response to the following questions, on a scale of 1 - 4:

1 = not well
2 = a little
3 = pretty well
4 = very well

Answer these questions about yourself:

	1	2	3	4
I can explain what well-child health care and screening means and why it is important.				
I have been adequately trained to do certain Head Start screenings and exams.				
I can prepare the children and make them comfortable for screenings and exams.				
I am skilled at explaining the results of screenings and exams to parents.				
I am comfortable asking parents to follow up with health care providers.				
I ensure confidentiality with all aspects of screenings and exams.				

Answer these questions about your program's on-site screenings and exams:

	1	2	3	4
The screening instruments and procedures are appropriate for the children and families.				
Staff members work as a team to complete health screenings and exams.				
The people who do the screenings and exams are well trained and skilled.				
Parents are involved in all aspects: helping to do screenings and exams, being informed of the results, participating in follow-up.				
Community partners (e.g., clinics, service groups, health departments) assist with screenings and exams.				
The Health Services Advisory Committee helps plan and review the screening program.				
Staff ensures the confidentiality of screening and exam results.				
Our program assures completion of screenings and exams within the required time limit.				

For use with Activity 2

Handout G: Health Screening at Twin Oaks Head Start

Janey is the Health Coordinator at Twin Oaks Head Start, and she has her hands full. Her county is large, rural, and medically underserved. Transportation is a huge problem. Beginning in September, she sets up a mass child health clinic at the elementary school for vision, hearing, and dental screens. Seeing 50 children in one long day is chaos! There are tears and frustrations among the younger children waiting in long lines, and sometimes the noise level is deafening in the big gymnasium. Local medical students volunteer their time for one day before heading back to school.

The classroom teachers help prepare the children for their dental screenings and exams by inviting a hygienist to the classroom to role-play a visit to the dentist. Parents are invited in on this day so they too can learn about preventive dental care and know what to expect the day of the examination. The children also go through mock vision testing to get comfortable with this screen.

Although Janey has trained many parents in the vision and hearing screenings, it is a major challenge to find dentists to examine and treat Head Start children. During the chaos of the mass screening clinic, some parents complained to Janey that the dentist did not complete the exam when the child cried or had difficulty cooperating. Other parents were concerned when told that their child's mouth was fine after the dental screening when Head Start staff had said there may be problems.

Janey has tried to recruit dentists to work with her Head Start students, but the few she called turned her down, stating that Medicaid only reimburses 40% of their customary fees. She does have one dentist, Dr. Jimenez, on the Health Services Advisory Committee and he is overloaded with Medicaid patients already. Dental access seems to be a problem throughout the state. The Medicaid policy covering Janey's children often assigns the most serious cases to a dentist over an hour away, and it's still a good three months before he can schedule them. The parents complain that no one at his office speaks their language.

Parent education is also an important part of Janey's job. She teaches about preventing Baby Bottle Tooth Decay, but few parents attend her noon workshops. The workshops are presented in English and Spanish, but she is concerned about language and cultural barriers in trying to educate parents speaking the five other languages represented in her Head Start Program.

Janey knows that there needs to be changes in her Head Start screening program and the existing health care system in general. She plans to better use her Health Services Advisory Committee and be more active in advocating for increased dental access. How would you advise her to proceed?

For use with Activity 3

Handout H: Exploring the Challenges

1. Juana and several other parents in the Head Start program are very upset about the screenings and exams. Juana explains to the health coordinator that she and the other parents work together in the packing shed, and they can't take their children to the clinic because they would lose their jobs if they took time off from work. Juana asks if the health coordinator could take the children to the clinic all at once or if the clinic staff could come to the Head Start program to do the screenings and exams. She also adds, "Can't it be done later? The kids seem pretty healthy."

   When the health coordinator calls the local clinic to discuss the possibilities, the medical director says, "We feel that it's very important for our clinic staff to establish a relationship directly with the family. They should get used to coming to the clinic for their health care, when they're well and when they're sick."

2. Robert is a mental health consultant who is asked to observe the Head Start classroom. The teachers are particularly concerned about four-year-old Jimmie who is frequently aggressive and hurts himself and others. When Robert observes the Head Start class, he is very concerned about Jimmie's aggression, especially toward younger and smaller children. Robert recommends mental health follow-up with Jimmie's grandmother, Florence.

   When the health coordinator talks with Florence and encourages her to make an appointment with a mental health professional, Florence says, "The child is just bad—he doesn't need any so-called professional attention."

3. Sheila is a Head Start health coordinator. Parents complain to her that they can't find a doctor or dentist who will accept Medicaid. When Sheila talks with the local doctors and dentists, they complain to her that it's not worth it for them to take Medicaid patients and deal with the excessive paperwork, long waiting periods for payment, and low pay. One doctor and one dentist agree to see the Head Start children, but only on the condition that the Head Start staff bring the children for their exams to ensure that the appointments are kept.

For use with Activity 4

Handout I: Dilemmas in Assuring Well-Child Health Care

1. "We've finally been able to get our screenings and exams done on time by doing a big screening day in the gym during orientation week. Parents and children also get to meet the staff before school starts. We are a little worried though, about how many of our children need repeat screening because they failed the hearing test."

2. "This year we have a few families whose primary language is Croatian. We can't find any health care providers who speak the language. Some of the kids are picking up some English and communicating through gestures. One little girl seems very quiet and withdrawn. We're worried about her, but can't communicate with her parents to find out what might be wrong. Doing a screening for development, mental health or language just wouldn't be fair."

3. "Many of the children are very overweight, yet they are always hungry. I know it's hard to stretch a tight food budget, but it seems they must be eating a lot of fatty foods and snacks. Nobody showed up for my nutrition workshop last Monday morning. I'll just send home a note asking the mothers to cut out the junk food."

4. "On our Tall Pines Indian Reservation there are over 10 services that children can plug into. These include; Indian Health Services, WIC, Healthy Start, EPSDT for Medicaid, Early Childhood Tracking, and our own Head Start program. It's next to impossible to try to figure out who is covered by what program or if we're duplicating services. One little girl moved so much she was completely missed last year. The WIC outreach worker tells me there are many families in the far northern area that don't know Head Start exists."

5. "Naima's Individual Educational Plan (IEP) meeting is scheduled for January. That'll be a good time to talk with her dad and other service providers working with her family. We'll find out which assessments have already been completed and whether he has followed through with her immunizations. We're having a mini-measles epidemic here and I don't know who has been immunized. I'm also concerned that we need to have all of Naima's screening results on file within 45 days, so maybe I'll just go ahead and do the ones we can do here."

For use with Activity 5

Handout J: Sam's Story—Part Two

Sam has been in Head Start for three months now. Although he completed his dental examination during enrollment, nothing has been done to remedy his 12 cavities. His front teeth are crumbling.

Sam's parents are definitely working toward preventing more painful cavities, but they are still reluctant to bring the children in for fillings and extractions.

The Health Coordinator schedules Sam's parents to volunteer in the classroom the day the dentist comes dressed as the "tooth fairy" to teach about preventive dentistry and dental procedures. It is a day filled with balloons, pixie dust and laughter.

Sam's mother and father meet Dr. Lina Martinez and their fears seem to melt. Through a translator, she explains that the first visit is just to get acquainted, ride the chair and collect prizes. She never uses restraints to tie or hold children down and modern methods enable her to work on the children without pain. Due to information from Head Start, she has changed her hours to accommodate working parents. Sam's parents schedule the entire family for an appointment on the spot.

The Health Coordinator helps them locate Dr. Martinez's office on the bus line and the dental health advocate agrees to accompany them to translate. Sam is on his way to a pain free mouth!

For use with Activity 6

Handout K: Observation Worksheet

Observations	Child #1	Child #2
Physical Comfort		
Emotional State		
Activity Level		
Body Build		
Skin		
Smile and Teeth		
Speech, Language, and Hearing		
Play Activity: -Large Motor		
-Fine Motor		
Social Activity		
Other		

For use with Activity 7

Handout L: Program Planning Stories

Story #1: Six children in your Early Head Start program were diagnosed with anemia, some of which are fairly severe cases. All six were found to have iron-deficiency anemia, and four were found to have lead poisoning.

Story #2: Seven children on your Family Service Worker's caseload are not up-to-date on their immunizations. Many of the families have immigrated from other countries.

Story #3: Four children in your preschool classroom have difficulty engaging in activities and relationships. During circle time, they tend to stare off into the air and not participate in the songs or discussions. They frequently wander from one activity to another without getting involved. They also haven't seemed to form friendships with other children or teachers.

Story #4: Six three- to five-year-olds in your center were found to be significantly overweight on their physical exam. The parents tell you that most of what they eat is "fast food," chips, cookies, and soda.

For use with Activity 8

Handout M: Trackville Head Start Tracking Instrument

ID. No.	HIB				HepB			MMR
	#1	#2	#3	#4	#1	#2	#3	
1.	7/2/93	9/4/93	11/16/93	10/2/94	5/2/93	9/11/93	7/3/94	7/3/94
2.	5/16/93	7/16/93	9/20/93	8/16/94	3/16/93	7/16/93	5/10/94	5/10/94
3.	8/2/93	10/4/93	12/20/93	11/20/94	6/24/93	10/4/93	9/19/94	9/19/94
4.	4/1/93	6/3/93	8/2/93	7/1/94	2/1/93	6/3/93	4/27/94	4/27/94
5.	9/20/93	11/2/93	1/20/94	10/20/94	9/20/93	11/12/93	7/7/94	7/7/94
6.	3/20/93	5/16/93	7/20/93		3/25/93	5/20/93		5/20/94
7.	2/10/93							
8.	1/5/93	3/16/93	5/10/93	9/15/94	11/20/92	3/16/93	1/20/94	1/20/94
9.	9/10/93	11/20/93	1/10/94	3/21/95	7/9/93	11/20/93	9/9/94	9/9/94
10.	11/7/92	1/7/93	3/15/93	2/20/94	9/7/92	1/7/93	11/12/93	11/12/93
11.	6/5/93	8/27/93	10/10/93	2/10/95	4/5/93	8/27/93	6/15/94	6/5/94
12.	12/15/92	2/15/93	4/27/93	3/15/94	10/31/92	2/15/93	12/10/93	12/10/93
13.	10/10/93	12/25/93			1/10/93	12/25/93	3/2/94	3/2/94
14.	7/21/93	9/12/93	11/18/93	10/20/94	5/15/93	9/12/93	7/17/94	7/17/94
15.								

For use with Activity 9. Or, use Appendix C. Blank Records & Forms to update this Handout.

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Handout M: Trackville Head Start Tracking Instrument *(continued)*

ID. No.	DPT					POLIO				
	#1	#2	#3	B#1	B#2	#1	#2	#3	B#1	B#2
1.	7/2/93	9/4/93	11/16/93	10/2/94		7/2/93	9/4/93	11/16/93		
2.	5/16/93	7/16/93	9/20/93	8/16/94		5/16/93	7/16/93	9/20/93		
3.	8/2/93	10/4/93	12/20/93	11/20/94		8/2/93	10/4/93	12/20/93		
4.	4/1/93	6/3/93	8/2/93	7/1/94		4/1/93	6/3/93	8/2/93		
5.	9/20/93	11/2/93	1/20/94	12/20/94		9/20/93	11/2/93	1/20/94		
6.	3/20/93	5/16/93	7/20/93			3/20/93	5/16/93	7/20/93		
7.	2/10/93					2/10/93				
8.	1/5/93	3/16/93	5/10/93	9/15/94	11/20/96	1/5/93	3/16/93	5/10/93	11/20/96	
9.	9/10/93	11/20/93	1/10/94	3/21/95		9/10/93	11/20/93	1/10/94		
10.	11/7/92	1/7/93	3/15/93	2/20/94	9/15/96	11/7/92	1/7/93	3/15/93	9/15/96	
11.	6/5/93	8/27/93	10/10/93	2/10/95		6/5/93	8/29/93	10/10/93		
12.	12/15/92	2/15/93	4/27/93	3/15/94	12/2/97	12/15/92	2/5/93	4/27/93	12/2/96	
13.	10/10/93	12/25/93				10/10/93	12/25/93			
14.	7/21/93	9/12/93	11/18/93	10/20/94		7/21/93	9/12/93	11/18/93		
15.										

For use with Activity 9. Or, use Appendix C: Blank Records & Forms to update this Handout.

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Handout M: Trackville Head Start Tracking Instrument *(continued)*

HEALTH DATA TRACKING INSTRUMENT	**PART A**	s = Screening p/r = Problem Referral d = Diagnosis t = Treatment e = Exam c = Dental Cleaning f = Dental Fluoride i = Immunization	☐ = Procedure or service not performed. ◪ = Procedure or service performed, follow-up (re-testing, referral, or treatment) needed. ◩ = Procedure or service begun. ■ = Procedure or service completed.

HEAD START CENTER Trackville Headstart

ADDRESS

YEAR 1997 CLASS 4+5 years SHEET ____ OF ____

NAME	ID. No.	Medicaid Enrolled	Hearing	Visual Acu.	Strabismus	Hct.or Hgb.	Ht. & Wt., 1	Ht. & Wt., 2
			STANDARD TESTS					
1. Carlos D. DOB 5/2/93		✓	8-8-96 pass ■ p/r d t	8-8-96 pass ■ p/r d t	s p/r d t	7-16-96 12.6 ■ p/r d t	Ht 40 wt 38 ■ p/r d t	s p/r d t
2. Bernard E. DOB 3-16-93		✓	8-8-96 pass ■ p/r d t	8-8-96 pass ■ p/r d t	s p/r d t	7-16-96 12.6 ■ p/r d t	Ht 41.5 wt 35 ■ p/r d t	s p/r d t
3. LAtoya G DOB 6/24/92		✓	8-8-96 pass ■ p/r d t	8-8-96 pass ■ p/r d t	s p/r d t	8-7-96 14.0 ■ p/r d t	Ht 40 wt 36 ■ p/r d t	s p/r d t
4. Thuy N DOB 2-1-93		✓	8-8-96 Fail 8-15-96 pass ■ p/r d t	8-8-96 pass ■ p/r d t	s p/r d t	7-16-96 14.4 ■ p/r d t	Ht 38 wt 41 ■ p/r d t	s p/r d t
5. LAtroy H DOB 7-14-93		✓	8-8-96 pass ■ p/r d t	8-8-96 FAIL 8-15-96 FAIL ■ ■ ■ ■	s p/r d t	7-16-96 12.9 ■ p/r d t	Ht 41½ wt. 55 ■ p/r d t	s p/r d t
6. Shemika P DOB 1-24-93		✓	8-8-96 pass ■ p/r d t	8-8-96 Fail 8-15-96 pass ■ p/r d t	s p/r d t	8-7-96 12.2 ■ p/r d t	Ht 39 wt 40 ■ p/r d t	s p/r d t
7. JAson K. DOB 12-11-92		✓	8-15-96 pass ■ p/r d t	8-15-96 pass ■ p/r d t	s p/r d t	8-19-96 9.7 ■ ◪ d t	Ht 46 wt 58 ■ p/r d t	s p/r d t
8. Alma K. DOB 11-20-92		✓	8-8-96 pass ■ p/r d t	8/8/96 FAIL ◪ p/r d t	s p/r d t	7-16-96 12.5 ■ p/r d t	Ht 40 wt 38 ■ p/r d t	s p/r d t
9. Gilbert G. DOB 7-9-93		✓	8-8-96 pass ■ p/r d t	8-8-96 pass ■ p/r d t	s p/r d t	7-16-96 12.0 ■ p/r d t	Ht 45½ wt 40½ ■ p/r d t	s p/r d t
10. Vincent L. DOB 9-7-92		✓	8-8-96 pass ■ p/r d t	8-8-96 pass ■ p/r d t	s p/r d t	7-16-96 13.1 ■ p/r d t	Ht 44½ wt 44 ■ p/r d t	s p/r d t
11. Rodrigo M. DOB 4-5-93		✓	8-15-96 Fail 8/22/96 Fail ■ ■ ◪ t	8-15-96 pass ■ p/r d t	s p/r d t	7-16-96 10.0 ■ p/r d t	Ht 40½ wt 39 ■ p/r d t	s p/r d t
12. Marias D. DOB 10-31-92		✓	8-8-96 pass ■ p/r d t	8-2-96 ■ p/r d t	s p/r d t	7-11-96 12.3 ■ p/r d t	Ht 44 wt 42 ■ p/r d t	s p/r d t
13. Mauricio K. DOB 8-10-93		✓	8-8-96 pass ■ p/r d t	8-8-96 pass ■ p/r d t	s p/r d t	7-16-96 9.6 ■ ■ ■ ◪	Ht 41½ wt 29 ■ ■ ■ ◪	s p/r d t
14. Bethany D. DOB 5-15-93		✓	8-8-96 pass ■ p/r d t	8-8-96 Pass ■ p/r d t	s p/r d t	12-1-96 12.8 ■ p/r d t	Ht 41 wt 38 ■ p/r d t	s p/r d t
15. Janine Brown DOB 3-10-93			s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t

For use with Activity 9. Or, use Appendix C: Blank Records & Forms to update this Handout.

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Handout M: Trackville Head Start Tracking Instrument *(continued)*

HEALTH DATA TRACKING INSTRUMENT

PART B

HEAD START CENTER Trackville
ADDRESS
YEAR 1997 CLASS 4+5 year olds SHEET ____ OF ____

s = Screening
p/r = Problem Referral
d = Diagnosis
t = Treatment
e = Exam
c = Dental Cleaning
f = Dental Fluoride
i = Immunization

☐ = Procedure or service not performed.
⧄ = Procedure or service performed, follow-up (re-testing, referral, or treatment) needed
◩ = Procedure or service begun.
■ = Procedure or service completed

ID. No.	TESTS AS APPROPRIATE						Medical Exam	Dental Services
	TB	Lead	Sickle Cell	History	Nutrition Assess.	Denver		
1.	8-8-95 neg ■ p/r d t	8-7-96 .003 ■ p/r d t	s p/r d t	8-15-96 ■ p/r d t	8-20-96 ■ p/r d t	8-20-96 ⧄ p/r d t	7-17-96 ■ p/r d t	7-31-96 ■ t c f
2.	8-8-95 neg ■ p/r d t	8-7-96 .004 ■ p/r d t	s p/r d t	8-14-96 ■ p/r d t	8-20-96 ■ p/r d t	8-20-96 ■ p/r d t	7-17-96 ■ p/r d t	7-31-96 ■ t c f
3.	6-10-95 neg ■ p/r d t	8-5-96 .002 ■ p/r d t	s p/r d t	8-14-96 ■ p/r d t	8-20-96 ■ p/r d t	8-20-96 ■ p/r d t	8-29-96 ■ ⧄ d t	7-27-96 ■ ⧄ c f
4.	8-8-95 neg ■ p/r d t	8-7-96 .002 ■ p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	8-29-96 ■ p/r d t	7-27-96 ■ ⧄ c f
5.	8-8-95 neg ■ p/r d t	8-7-96 .007 ■ p/r d t	s p/r d t	8-15-96 ■ p/r d t	8-20-96 ■ ■ ■ ⧄	8-20-96 ■ ⧄ d t	7-17-96 ■ p/r d t	7-31-96 ■ t c f
6.	8-8-95 neg ■ p/r d t	8-2-96 .004 ■ p/r d t	s p/r d t	8-15-96 ■ p/r d t	8-20-96 ■ p/r d t	8-20-96 ■ p/r d t	7-17-96 ■ ■ ■ ⧄	7-31-96 ■ t c f
7.	8-8-95 neg ■ p/r d t	8-2-55 .020 ■ ■ ■ t	s p/r d t	8-15-96 ■ p/r d t	8-20-96 ■ p/r d t	8-20-96 ■ ■ ■ ■	8-27-96 ■ p/r d t	7-27-96 ■ ◩ c f
8.	8-8-95 neg ■ p/r d t	8-2-95 .004 ■ p/r d t	s p/r d t	8-14-96 ■ p/r d t	8-20-96 ■ p/r d t	8-21-96 ■ p/r d t	8-27-96 ■ p/r d t	8-20-96 ■ t c f
9.	8-8-95 neg ■ p/r d t	8-7-96 .004 ■ p/r d t	s p/r d t	8-15-96 ■ p/r d t	8-21-96 ■ p/r d t	8-21-96 ■ p/r d t	8-27-96 ■ p/r d t	8-20-96 ■ t c f
10.	8-15-95 neg ■ p/r d t	8-7-96 ■ p/r d t	s p/r d t	8-30-96 ■ p/r d t	8-21-96 ■ p/r d t	8-21-96 ■ ■ ⧄ t	8-27-96 ■ ⧄ d t	7-31-96 ■ t c f
11.	8-8-95 neg ■ p/r d t	8-2-96 .005 ■ p/r d t	s p/r d t	8-15-96 ■ p/r d t	8-21-96 ■ p/r d t	8-21-96 ■ p/r d t	8-27-96 ■ p/r d t	7-31-96 ■ t c f
12.	8-8-95 neg ■ p/r d t	8-7-96 .020 ■ ■ ■ t	s p/r d t	8-14-96 ■ p/r d t	8-21-96 ■ p/r d t	8-21-96 ■ p/r d t	7-17-96 ■ p/r d t	7-17-96 ■ ⧄ ■ ■
13.	9-30-95 neg ■ p/r d t	8-7-96 .003 ■ p/r d t	s p/r d t	8-14-96 ■ p/r d t	8-21-96 ■ ■ ■ ⧄	8-21-96 ■ ⧄ d t	8-29-96 ■ ■ ■ ⧄	7-17-96 ■ ■ c f
14.	8-15-95 neg ■ p/r d t	8-7-96 .002 ■ p/r d t	s p/r d t	8-14-96 ■ p/r d t	8-21-96 ■ p/r d t	8-21-96 ■ p/r d t	7-17-96 ■ p/r d t	7-17-96 ■ t c f
15.	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	e p/r d t	e t c f

For use with Activity 9. Or, use Appendix C: Blank Records & Forms to update this Handout

Handout M: Trackville Head Start Tracking Instrument *(continued)*

HEALTH DATA TRACKING INSTRUMENT — PART D

HEAD START CENTER Trackville
ADDRESS
YEAR 1997 CLASS 4+5 years SHEET ____ OF ____

ADDITIONAL CHILD-SPECIFIC INFORMATION (Include any other information about health status that will help with case management.)

ID. No.	TEST RESULTS (Screening, blood pressure, Hct., Hgb.)	OTHER IMPORTANT INFORMATION (Critical dates, atypical/abnormal findings, allergies, nutrition deficiencies, recommendations.)
1.		redo Denver
2.		
3.	spinal abnormalities CAVITIES	need referral / pos. scoliosis Dental treatment needed
4.	CAVITIES	need ref. to dentist
5.	fail vision x 2	got glasses 10/96
6.	pulmonary exam Abnormal	Diag. of asthma per Dr Spencer
7.	↑ lead, reconfirmed ↑ ↓ Hbg CAVITIES	Counseled parents, notified Health Dept/ family left apt / reck in 6 mos. fillings started 8/12
8.		
9.		
10.	Denver Dev. abnormal abnormal heart sounds	
11.	failed hearing x 2 redo Denver – child ill that day	
12.	↑ lead Denver abnormal 6 CAVITIES	Counseled parents, stop renovating apt./ rev in 6 mos,
13.	↓ Hbg / ↓ weight Denver abnormal	referred to Dr Spencer 8/30/96 diagnosis: severely malnourished
14.		
15.		

For use with Activity 9. Or, use Appendix C: Blank Records & Forms to update this Handout.

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Advocacy, Action, and Access

Outcomes

After completing this module, participants will:

- *assess which community institutions significantly affect the health care of Head Start families;*
- *develop strategies to advocate for needed health services; and*
- *assist parents through education and consultation to become effective health care consumers and strong advocates for their families' health care needs.*

Key Concepts

Head Start offers a key link to introducing young children and their parents into a broader network of community support. As a central community institution, Head Start can notice gaps in service and advocate for change.

Staff members fully understand the ins and outs of the health care system in their community can facilitate the efforts of parents to receive the best care for their families.

Receiving the best care requires three levels of advocacy:

- **Advocacy on a personal level with an individual health care provider to assure the delivery of needed services (for oneself or for a child)**
- **Advocacy with a health care system to assure that the benefits promised are delivered as described in contracts**
- **Advocacy to make changes in the system if offered services do not meet the needs of families**

As Head Start assists parents in understanding and receiving services, it can also help community providers to understand and effectively serve Head Start families.

Background Information

A. Parents as Community Advocates

Parents play a vital role in the community as advocates for the health of their children. The Head Start staff can support and encourage parents as they influence the goals and character of community services and make them more responsive to the needs of their particular community. Consider Mrs. Huey's story…

Mrs. Huey, her husband and three daughters recently emigrated from Hong Kong. They live in the top floor of a 90-year-old Victorian house. The two older girls participate in Head Start and the family includes a six month old baby. Upon enrollment in Head Start, the girls were linked to a medical home for routine examinations and blood work. It was discovered that they both had borderline "high" lead levels in their blood. The Head Start health coordinator explained the meaning of the test results to Mrs. Huey and strongly recommended the baby be tested. The baby had even higher lead levels than her sisters.

Mrs. Huey and the Head Start Family Service Worker found many health violations in the tiny apartment—most notably chipping paint and crumbling asbestos covered duct work. With this knowledge and the support of a Head Start advocate for translation, Mrs. Huey notified the landlord of the problem. He ignored her completely. Mrs. Huey then approached the Health Department with letters of support from her medical doctor and the Lead Poisoning Prevention Program.

The Health Department visited her home and made the landlord clean up the lead problem and asbestos in all five of his units.

Knowing her neighbors must be in similar danger of lead poisoning, Mrs. Huey and her neighbors convinced the community health center to hold a free clinic for lead testing of children. Of the 45 children tested, five children had elevated levels. A health educator from Head Start held a workshop in the evening for the community to attend and learn how to safely deal with lead paint. Mrs. Huey pointed out to the Lead Poisoning Prevention Program that most people on her street could not read the English-only lead prevention pamphlets. Literature in English, Spanish, and Chinese is now distributed throughout the community.

Mrs. Huey's story shows the power that one advocate can have in a community. Head Start staff members can help empower parents by supporting their efforts with education, logistical support (translation, transportation), and information regarding existing community resources.

Mrs. Huey's neighborhood has a special need for lead poisoning awareness. By building partnerships between existing community services, she was able to improve the delivery of community services in her neighborhood. When agencies share information and collaborate, the delivery of services to children and families is improved. Through Head Start's educational workshops and the Lead Prevention Organization's literature in three languages, the public is now becoming informed. When the health center expanded its services to provide a special screening clinic for lead, those already poisoned could be identified and treated. The Lead Poisoning Prevention Organization and the doctor at Mrs. Huey's clinic communicated with the Health Department to ensure a swift response.

B. Community Partnership

Head Start is a central community institution for low-income families and children. The Advisory Committee on Head Start Quality and Expansion (1993) asked how this institution should function in the 21st Century. Head Start staff members play pivotal roles in reaching out to the greater community and forming alliances between community services and linking children into this network of resources. For families to be stable and thriving they need services from a broader community and they also need to be involved in that community.

An important link to the broader community lies in the Health Services Advisory Committee (HSAC). This body within Head Start is made up of local health care providers, experts in relevant fields, and parents. It may include an official from the Public Health Department, physician, school administrator, dentist and experts in mental health and disabilities, and Head Start staff members. Medical professionals on the committee often agree to treat Head Start students in their offices. The Health Services Advisory Committee looks at available community health services and advises on how to handle health issues. Head Start staff members are advised of important health issues in the community (e.g., increases in tuberculosis or environmental pollutants) and advised how to best protect the health of their children with this knowledge (e.g., yearly tuberculosis testing). The HSAC devises a working health plan that responds to current information regarding the community. With guidance from the HSAC, the Head Start health plan will not be static and outdated, but change with current needs. Through contact with the members of the community on the HSAC, Head Start staff can acquaint the community at large with *their* vision that "parents are the primary educators, nurturers and advocates for their children", and must be respected in that role.

For parents, entering the broad network of services can be quite daunting. Staff members can first assist parents in applying for Medicaid if eligible. If parents are informed that a needed service is "uncovered", the staff can assist them in confirming this. Parents and staff members can then advocate for a change in policy that would provide coverage in the future. In most cases funds for uncovered services will be provided by Head Start. By working in partnership with Medicaid providers, Head Start can open the door to a wealth of services to meet well-child health care needs and special needs. These special services include occupational therapy, physical therapy, speech therapy, and mental health counseling.

When staff member keep abreast of health care information in the community, they are most effective in assisting parents. Funding cuts, state immunization requirements, new funding sources and eligibility requirements are all changing elements in the dynamic field of health care. An active Health Services Advisory Committee can be very helpful by providing current information.

When parents and Head Start staff members take an active role in community planning, they provide a powerful force in the development of broader community resources that reflects the needs of parents and families. Proactive steps need to be taken to establish ongoing relationships with community organizations. After identifying recurring concerns of Head Start families, alliances can be formed between families, the staff, and services to meet those needs. Examples of collaborations could be a large medical center, Head Start and the local clinic.

Through this partnership, seminars and workshops dealing with relevant topics can be held for parents and the staff. A wealth of health care knowledge can come to the Head Start center. Other community partners could include local Park and Recreation departments, the health clinic serving local children, and a representative of the police station to help ensure safe recreation for the children when they leave Head Start. Strong communication, cooperation and sharing of information among agencies and community partners will build collaborations that can truly meet the needs of the Head Start community into the 21st century.

Note to Trainer/Coach:

For more information on forming a supportive community, see the guides **A Design for Family Support** *and* **Building Supportive Communities** *in the Social Services series of Training Guides for the Head Start Learning Community.*

C. Children's Health Insurance Program (CHIP)

The Balanced Budget Act of 1997 included a comprehensive children's health initiative under Title XXI of the Social Security Act, the State Children's Health Insurance Program (CHIP). This new program enables states to initiate and expand health insurance coverage for uninsured children. The law allows states the option to expand coverage for children through a separate child health insurance program, through expanding Medicaid coverage, or developing a program that combines features of both Medicaid and CHIP. CHIP is a valuable resource for those Head Start families who make too much money to qualify for Medicaid, yet cannot afford to purchase private health insurance.

Head Start State Collaboration Offices should be working with State CHIP planning committees about developing outreach strategies and enrollment plans for children and families to ensure Head Start is included in a states Child Health Plan. Specific strategies for outreach that can be conducted by Head Start programs include:

- informing families about Medicaid and CHIP as part of their enrollment process;
- contacting their State Medicaid office to see if presumptive eligibility is being offered to children enrolled in Head Start;
- assisting families with completing the application for Medicaid and CHIP—some states may have a developed a joint application;
- inviting a representative from Medicaid or CHIP to become members of the HSAC; and
- linking with community partners who are also involved in Medicaid and CHIP to share ideas about how to coordinate education and outreach activities.

Note to Trainer/Coach:

Other sources of information about Medicaid and CHIP is either the ACF Home Page or Web Site **(www.acf.dhhs.gov)** *or the Health Financing Administration Home Page* **(www.hcfa.gov)**. *The Head Start State Collaboration Offices and the Head Start Quality Improvement Centers (HSQICs) are also resources for programs wanting state specific information.*

D. The Links for Families Program

An example of a working collaboration is the Links for Families program operating in Boston, Massachusetts. This program combines the ABCD Head Start program, Boston Medical Center, and the network of community health centers in Boston. This program was initiated in 1996 because the same population of children used, or were eligible for, both services and there was no formal mode of communication between the two services. The collaboration allows Head Start and the medical providers to work most efficiently together. The collaboration works on three levels. These are as follows:

- *Strategic Planning:* Solutions to challenges to communication and service delivery are explored. One example is the development of a consent form to enable teachers and physicians to communicate directly about the children while respecting confidentiality and parental consent. Another example is the development of a referral system where physicians can directly link eligible children to their local Head Start center through a central office.

- *Cross-training:* This area permits the Head Start program and the medical providers to share knowledge. A Health Manager from Head Start now visits the clinics personally to inform the medical staff which examinations and forms Head Start needs to be sure that children are up-to-date with their care. This decreases misinformation and unnecessary services. Phone calls between the two agencies decreased, and when there are questions, the medical staff now have a personal contact to call for answers. Physicians or early childhood specialists go out to the Head Start sites to teach the staff about relevant topics. These include substance abuse, reading behavioral cues, handling aggressive behavior or lead poisoning. Valuable knowledge is shared by all members of the collaboration to the benefit of the children.

- *Information Dissemination:* This area allows the staff from both institutions to understand the other's organizational structure. With this knowledge, the proper person or department is easily accessed when an answer to a specific question is needed.

Note to Trainer/Coach:

For more information on collaboration building, see the guides **Community Partnerships: Working Together** *in the Social Services series, and* **Sustaining a Healthy Environment** *in the Health series of Training Guides for the Head Start Learning Community.*

Questions for Discussion/ Reflection

Think about your own personal experiences in advocating for change. It can range from being as simple as changing the lunch times at school so your kindergartner does not collide with 5th graders, to creating a public campaign to clean-up the toxic landfill in your community.

- What obstacles did you have to overcome? (Fear of public speaking? Persons in authority ignoring you?)
- Did you learn any skills that can apply to advocating for change to benefit your Head Start community?
- Did you work alone or organize a group of people to work toward the same goal? What is most effective?

Well-Child Health Care: Making It Happen...

A model of advocacy in action, the Health Coordinator in Olympia, Washington serves on health committees or task forces for the Thurston County Health Department, state Department of Social and Health Services, state Health Department, the task force addressing children's dental access, local schools and other organizations. Six dentist volunteered their office for exam clinics (some on days off!) after hearing a presentation by the Health Coordinator at the dental society meeting.

Activity 1: Sam's Story Part Three—Advocating for Services

Purpose: This activity helps participants develop skill in advocating for services needed in their community. It also sharpens skills in building collaborative relationships with the services already available in their community.

For this activity you will need:

- Handout N: Sam's Story—Part Three, for each participant.

Step 1: Distribute and review Handout N: Sam's Story—Part Three with the participant(s).

Step 2: Discuss the following questions:

Where do you see a need to build collaborative relationships in your community and how would you go about doing it?

- How could your current Health Services Advisory Committee (HSAC) help?
- Who could you add to your HSAC to help?
- What state and county health committee or task force could Head Start staff join to increase influence in policy making?
- How do you keep abreast of all the services available in your community? How do you assess which ones will be of help to your Head Start community?

Where does advocacy for change in the existing system need to take place in your community?

- Who would you talk to? What would you say?
- Does the staff understand the ins and outs of the health care system in your community? How are gaps in services addressed?
- Who is currently on the HSAC to help advocate for change?
- Who could you add to the HSAC to help advocate for change?

Points to Consider:

- Review the three levels of advocacy. Through this activity, we are exploring the third level of advocacy to make changes in the system if services offered do not meet the needs of families.
- Collaboration is essential in working for these big changes. Collaborators can apply joint pressure to decision makers. They can also offer moral support to each other over the long-term effort. This kind of change is tough!

Well-Child Health Care:
Making It Happen...

The goal:
Close to 100% success rate
in linking children to a permanent
medical home at Tri-County Head Start
program in Colorado!
The key?
A strong commitment
on the part of the health departments
and local physicians.

Module 3

Activity 2: Pathways to Care

Purpose: Participants review their understanding of how to access the health care delivery system in their own community, and share their knowledge and experiences with others in the group.

For this activity you will need:

- Handout O: Children in Need
- Four large pieces of poster board
- markers
- glue for each team
- A sample poster board with a puzzle drawn on it, with large spaces (see **Step 3**)
- Construction paper squares: ten pieces for each team approximately 4" by 4" in yellow and 10 pieces for each team of the same size but in red.

Step 1: Explain the purpose of the activity, and divide the participants into four or more groups, with four to five participants in each group.

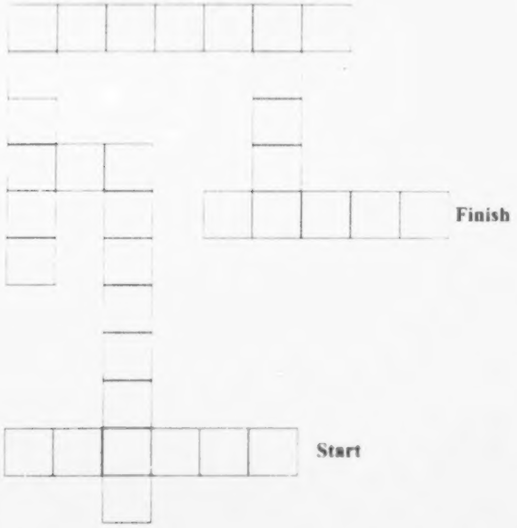
Give each group a story from Handout O: Children in Need, describing a child in need of health services. If you have a very large group, prepare additional stories from your own experience.

Step 2: Let each group review the story of their child. Give them 10 minutes to discuss the steps that they would take in order to access health services for this child and family.

Also discuss any collaborations that would make sense. Encourage participants to make notes. At the end of their discussion, ask them to write each step in the process to accessing care on one piece of yellow construction paper.

Step 3: Tell participants that they are going to create a game—a maze—that a family would need to go through in order to get services for this child.

Give them each a poster board. Show them the sample maze you have drawn. Ask them to create a pathway from start to finish, making blank squares for each step. They should just outline the squares, not label them.



Step 4: Now ask each team to read its story aloud.

Step 5: After each team has read its story, ask each team to pass its game board and yellow squares to the team on its left.

Step 6: Each team now is asked to place the step to accessing services for the child on the game board in the order that they should be taken.

Paste them on the board, and be ready to explain why you are proceeding in the way that you are.

Step 7: Each team has ten red papers. On the red papers, write up to 10 barriers or pitfalls that a family might face in accessing care. Write the challenges that advocates for change in the system might face.

Place those along the pathway to care also.

Step 8: Have each team share its pathways to care, demonstrating the steps and the barriers.

Step 9: Discuss the pathways as a large group:

- Were there similarities in the pathways to care among the four different stories? What were the differences?
- How did the pathway created by the "receiving" team compare to the pathway developed by the "creating" team?

Explain to participants that barriers occur at expected and unexpected points and require detours or alternative routes. However, there are usually logical ways to proceed in order to access care.

Points to Consider:

- Head Start staff members can help families in a number of ways, but cannot lead the families all the way. We can only guide them to the pathways to health care. The goal is to empower them to be able to stay on path or to create pathways for themselves.
- Advocacy is necessary to make needed services available when an assessment of the community indicates that these services are missing.
- Collaboration and communication between existing service agencies will greatly improve the delivery of services to children.

Activity 3: Services for Children

Purpose: This activity challenges a staff person to plan a way to access care for a child in need.

For this activity you will need:

- Handout O: Children in Need

Step 1: Ask the participant to imagine that she is going to write an example for a new staff person in Head Start, in order to help the new person understand the health care system in this community.

Ask the participant to think about a child that has recently been enrolled in Head Start and had a need for specialized health services. (If a situation does not come easily to mind, use a sample story from Handout O: Children in Need.)

Step 2: Ask the participant to think about the steps that she went through in order to help the family access care.

- Who was the first person she talked with?
- Where did they go from there?

Think about the path that was taken to get the care needed.

Step 3: Ask the participant to write or draw an illustration of the care pathway. Label each step on the way, and indicate which people had to be involved.

Also make note of barriers or pitfalls that were encountered, and how you handled them.

Step 4: Ask the participant to share the story with you and/or present the scenario at a staff meeting for feedback and additional ideas.

Points to Consider:

- Barriers occur at expected and unexpected points and require detours or alternative routes. However, there are usually logical ways to proceed in order to access care.
- Head Start staff members can help families in a number of ways, but cannot lead the families all the way. We can only guide them to the pathways to health care. The goal is to empower them to be able to stay on path or to create pathways for themselves.
- Advocacy is necessary to make needed services available when an assessment of the community indicates that these services are missing.
- Collaboration and communication between existing service agencies will greatly improve the delivery of services to children.

Well-Child Health Care:
Making It Happen...

The Health Coordinator
from Olympia, Washington
sums it up this way:
"If the work I do can affect a change
in the bigger system, then
health services are improved for
all children in the community,
not just the percentage that comes
to Head Start."

Activity 4: J.U.M.P.: Jargon Used by Medical Providers

Purpose: Participants will learn the definitions of some common terms used by health care providers and health care systems, and will practice explaining the definitions to others. For the purposes of this activity we will refer to these with the acronym "J.U.M.P." meaning: the Jargon Used by Medical Providers.

For this activity you will need:

- Handout P: Insurance and Medical Jargon Cards
- Handout Q: Insurance and Medical Jargon Definition Cards

Note to Trainer/Coach:

Prepare the jargon cards prior to the workshop session by copying Handouts P and Q onto cardstock paper and cutting them into equal size cards.

Step 1: Ask the participants how many of them have encountered an unusual term, word, or acronym recently in their reading or conversations with health care providers—something that they didn't understand at first.

Write the terms/words on the board. If no one thinks of a term readily, you might write a few from your own experience.

Step 2: Lead a discussion on the challenges with J.U.M.P. (the Jargon Used by Medical Providers) in the health care system—both the traditional challenge of medical terms and the newer challenge of terms related to the "system"—the variety of different health care plans, mechanisms for payment and explanations of exclusions in medical coverage.

Step 3: Acknowledge that, while Head Start staff might come to understand the J.U.M.P. in the health care system/setting, this understanding might come much more slowly to parents involved in accessing care for their children.

It is the responsibility of Head Start staff, in assuring that families are hooked up with a medical home, to help the families to be comfortable with the terminology they will encounter.

Step 4: Shuffle all of your jargon and definition cards. Give half of the participants a jargon card, and the other half a definition card. Be sure that each card has a match in the group.

Now encourage participants to get up, move about the room, and find their "partners," the person whose card matches the one they hold.

Step 5: When they have all found their partners, ask them to confer for a moment together.

After they have conferred, ask each pair to tell the group which word they have and then to describe the meaning of it, using both the written definition and any additional information they would like to include in order to make the definition more clear.

Step 6: Congratulate the group on their skills in finding definitions and explaining them.

Step 7: Now shuffle the rest of your cards and distribute them again. Ask the group members to again find their partners. This time, tell them that they will be asked to explain their term, but to pretend that they are explaining it to a Head Start family with a specific challenge.

Step 8: Give each pair a chance to talk about their word together. Then assign each pair a special circumstance. You may make up special challenges based on the families in your own Head Start program. Some ideas follow:

- Low literacy
- Non-English speaking
- Teenage parent
- Cultural health beliefs and practices
- Parent who does not believe in mainstream ("western") medicine

- Parent who has reason to be frightened of "authorities"—history within the legal system, problems with immigration, etc.

Give each pair a few moments to work out how they would explain in this circumstance.

Step 9: Ask each pair to explain the term to the group. Ask the group members to think about the special situation given to this pair, and suggest ways that understanding might be improved.

Step 10: Again congratulate the group on their abilities to explain abstract or confusing terms or concepts.

Encourage them to read medical brochures and mailings from health insurance companies critically, and to think about how to explain the system to families.

Points to Consider:

- Jargon is pervasive within health care. It is a special skill to be able to cut through it.
  - What are the consequences of not understanding some of these terms?
  - Why is it important to be able to explain?
- People may not understand and may not ask. What are some cues to "not understanding" that you can pick up from those you work with?

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Next Steps: Ideas to Extend Practice

Become an Advocate

When screenings and exams discover health problems that are common to many children and families in the program, these health concerns should be discussed among the program management team and the Health Services Advisory Committee. By convening or joining a task force about the problem, Head Start can be a powerful advocate for change.

For example, if many children were diagnosed with intestinal parasites, Head Start might want to work with the local public health department to do the following:

- Investigate the local water supply
- Screen other children, family members, and staff for intestinal parasites
- Review hand washing, diapering, toileting, and food preparation procedures for home and school

Build and Utilize a Dynamic Health Services Advisory Committee

By building a strong Health Services Advisory Committee (HSAC) that is truly participatory, Head Start staff can gain access to the stakeholders in making change in the existing health care system.

One Head Start site in Washington has included a State Senator and State Representative on its HSAC. When changes were needed to increase access to dental care for the children, the Health Coordinator knew who to call—and got an appointment with the legislators within five minutes. As a result of effective advocacy, the governor has now proposed a budget with provisions that could have a significant impact on improving dental access for children in Washington. Close connections with the County and State Health Department can be developed through the HSAC, as can relationships with dentists or pediatricians willing to advocate for change.

In addition to going out into the community to represent your needs for change, the HSAC will bring important information into the Head Start community. This information includes changes in immunization schedules, methods of reimbursement, available providers and environmental issues unique to their community.

Support Parent Empowerment

Parents empowered by knowledge that will help them navigate the health care and reimbursement systems are best able to become effective health care consumers. The ability to advocate for change when available services and benefits fall short also arises from this knowledge. Regular workshops on the health care system and day-to-day contact with an informed staff person who can answer questions will help parents get the best health care for their children.

Build on Success

Look at the guide ***Building on Success*** in the **Parent Involvement** series of *Training Guides for the Head Learning Community*. Adapt Activity 3-3: "The Impact of Policies in Your Community" regarding social services to the health care system.

Hold an "Explaining" Meeting for Staff Members

Schedule a meeting for staff to come and ask questions about their health insurance. Ask each person to bring in his or her "evidence of coverage" for health insurance. Some might also bring in descriptions of coverage from family members or friends. Spend some time examining the documents and discussing the meaning of various terms or conditions. Be sure that everyone understands the ins and outs of coverage.

Encourage Assertive Communication

Consider the importance of assertive communication (by a parent or a Head Start staff member) in receiving needed services from a provider. An activity entitled "Assert Yourself" can be found in Module 2: Essential Principles of Care of the guide ***Caring for Children with Chronic Conditions*** in the **Health** series of *Training Guides for the Head Start Learning Community*.

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Well-Child Health Care: Making It Happen...

Spread the good word!
Head Start programs in Greene and Miami
counties send staff members to private
child care centers and home day cares
to do screenings, exams,
mental health counseling,
and speech therapy;
share information on social services
and parent involvement;
and provide startup
educational materials.

Handout N: Sam's Story—Part Three*

Unfortunately, Dr. Martinez's office is in the wrong county for Sam's Medicaid program to cover services. The Health Coordinator sits down with his parents and calls five, then 10 dentists in Sam's county—no one is taking any more public assistance patients. Sam's front teeth are now literally breaking off. The Health Coordinator decides that this problem is bigger than her own county. She knows, from state and national Head Start meetings, that other Health Coordinators share her frustration.

With the support of her agency's Health Services Advisory Committee, she organizes a letter-writing campaign. Several staff members write to state and national officials, and receive responses. A parent volunteer, who also works part-time at the local newspaper, writes an article about the lack of dental access. She praises Dr. Martinez for serving so many children in her county. All who are involved in the letter-writing campaign realize the importance of raising awareness of a problem, and commit to following up with the officials they contacted.

In addition to putting pen to paper, the Health Coordinator gets out on Saturdays and volunteers to scrub surgical instruments at the free adult dental surgery clinic. As a result of volunteering her time, the oral surgeons now provide free dental surgeries for the Head Start children. Pediatric dentists are volunteering their time at the public health department to provide services for the children on public aid due to the increased awareness of the access problem. The Health Coordinator is also working on a grant with the county dental association and the health department to get the beautiful new—but unfunded—county dental clinic up and running.

And Sam? He has the biggest, pain-free smile of them all! He was able to get his worst teeth extracted and his salvageable teeth filled in December. Now all he wants for Christmas is his two front teeth!

For use with Activity 1

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* Adapted from a true story from Heartland Head Start in Bloomington, Illinois.

Handout O: Children in Need

Story #1

Mrs. Johnson has been courageously living with AIDS for the past two years. When her daughter Tameka (2½ years old) was first enrolled in Early Head Start last fall, she would attend school daily in crisply pressed cotton dresses, her hair a beautiful rainbow of colored barrettes. The teacher's aide has noticed lately that she attends school in the same clothes for days on end—sometimes smelling of urine. Her ankles are covered with infected fleabites and she has begun hoarding food in her cubby. Mrs. Johnson had always kept her properly nourished, even though the AIDS food delivery program misses their neighborhood. The Home Visitor and social worker stop by Tameka's home on Friday night. They find the house in disarray, overrun by cats. Mrs. Johnson, unable to lift herself off the couch, has slipped into the early stages of AIDS dementia.

Story #2

Christina has been totally insulin dependent since her pancreas was removed in infancy. Now, at the age of four, she has moved from her grandparents' home in another city. Her mother will be caring for her and is unfamiliar with the needs of a diabetic child. There is no diabetic education program at the local county hospital. The staff is aware that she is totally dependent on the injected insulin and proper glucose monitoring for her health. It has been usual for the Emergency Medical Technician (EMT) unit to be called to her home on a monthly basis due to dangerously low or high glucose levels. Her grandmother wants to know where the nearest EMT unit is stationed relative to the school. She will be arriving for school in two weeks and it is your job to set up the staffing to meet her needs.

Story #3

Jessie spent the second year of his life living in a car in Kentucky with his parents. Medical care during those years consisted of desperate trips to the emergency room in the middle of the night for antibiotics—that were stopped as soon as he looked better. He now lives with his aunt and five cousins and attends Head Start with her children. He has not seen his parents for one year. He has failed his hearing test twice and his speech is difficult to understand. Previous inquiries have shown that the nearest speech therapist willing to accept Medicaid children is 1½ hours away. He seems shy and withdrawn, and would sit and play for hours by twirling a rubber band if you did not redirect him to the boisterous play of those around him. His aunt says, "Oh that boy is no problem, it's like he's not even here!"

For use with Activities 2 & 3

Handout O: Children in Need *(continued)*

Story #4

The Health Coordinator at Tall Pines Indian Reservation has always been relieved to see low lead levels in her Head Start children. This fall however she notices an increase in the number of children with borderline high levels and even has three children with high levels. Because there is no communication between services on the reservation, she cannot check with the other early childhood program to see if they also have increased levels. There are no lead testing clinics available to test the siblings of her Head Start students. A community member does remember a lot of scraping and painting going on last summer at the recreation center.

Story #5

Marcus' epilepsy had been kept under control since his diagnosis last summer. Now you notice him staring off into space at very frequent intervals during activities that used to engage him. His father, a hard-working brick layer, has had custody of the children since Christmas. You remember that Marcus missed a week of school at that time due to a medication overdose. When you gave the father literature on epilepsy after that incident, he thanked you kindly but said he would have to have his older daughter read it to him. With no other relatives in town for support, he often seems overwhelmed and stressed at drop off in the morning. Marcus seems to devour his food on Monday mornings and he has started trying to eat clay during art class.

Story #6

Pierre is a bubbly, impish boy with boundless energy. He lost a good deal of his hearing due to a severe illness while living in Haiti and his speech is hard to understand. The doctor says he should have tubes put into his ears. He also has amblyopia or "lazy eye". He has been fitted for glasses with a patch over the good eye, but there is no one in the town who will make the hearing aid for those on public assistance. Upon arrival at school, if he is wearing his glasses he whips them off and hides them in his cubby. His mother explains that "He's embarrassed to look different from the other kids. Why not wait until he's older and he can read. And there's nothing wrong with the way he talks. I can understand what he's saying. Can't you? He's still young, he'll catch up."

For use with Activities 2 & 3

Handout O: Children in Need *(continued)*

Story #7

This winter has been one of the coldest in Wisconsin history. When Mr. Jackson lost his job at the machine shop he also lost his health insurance. Although probably eligible for funds, he left the welfare office in embarrassment when given a stack of papers he could not read. Lack of money led to the shut-off of his gas and electric at the house and Janetta (14-months-old) lost three weeks of school with pneumonia. Since the pneumonia, it seems like one illness after another takes Janetta from school. The home visitor that comes to check on the family notices Janetta coughing hard. The Jacksons are giving her half doses of antibiotics from her last illness; hoping she will get better before needing another run to the emergency room. Her father tells you the ER doctor mentioned something about putting tubes into her ears at her last visit. Mr. Jackson sighs in desperation, "I've brought home a paycheck to my family every Friday since I was 17. I got no other job skills. Now I've let everybody down—especially Janetta."

Story #8

When Tabitha's great-grandmother died last Spring, she and her 18-year-old mother lost their small farmhouse in West Virginia. An uncle in Chicago reluctantly offered to take them in for "one month and not a minute more." Now seven people reside in a one bedroom flat in the city. Although her medical exam results indicate no problems, you notice Tabitha wheezing during strenuous play. Her mother is five months pregnant and looks pale and exhausted during conferences. She says she knows all the smoking in the house isn't good, "but they won't listen to me." Used to growing her own food, she is unaware that WIC exists and she and Tabitha live on a lot of snack foods from the corner store. She has no prenatal care, fearing she could never afford a city doctor. Her dream is to become a teacher while in Chicago and return to the clean, open spaces of West Virginia.

Story #9

The Faith Bible Church sponsored the emigration of the Song family from Cambodia last summer. Upon request from the pastor, the Home Visitor comes to the apartment to enroll the twin boys Ritha and Sok. Although four years old, they are the size of most two-year-olds due to severe malnutrition while in Cambodia. They do not speak yet. Their two-year-old brother still cannot walk and the five-month-old is the size of most newborns. There are four older siblings in the home, including the 20-year-old who lost one leg in a landmine injury. He has never had physical therapy. Mr. Song was a farmer in Cambodia, but is eager to learn English and then a new trade as soon as possible. Like the Songs, the 10 other Cambodian families at the Head Start center have survived a war and witnessed many atrocities, but there is not one mental health counselor who speaks Cambodian taking public assistance cases in the entire county.

For use with Activities 2 & 3

Handout P: Insurance and Medical Jargon Cards

Preferred Provider Organization Plan (PPO)	**Health Maintenance Organization (HMO)**	**Managed Medical Care**
Open Enrollment Period	**Child Health Insurance Program (CHIP)**	**COBRA**
Share of Cost (SOC)	**Prior Authorization or Prior Approval**	**Beneficiary**
Medicaid vs. Medicare	**Co-Payment**	**Verification**
Deductible	**Premium**	**Referral**

For use with Activity 4

Handout Q: Insurance and Medical Jargon Definition Cards

Traditional insurance where you receive services, pay the provider directly, and submit a claim to the insurance company. You may choose the provider.	An organized system of health care providers offering a wide range of health care services, usually provided by a primary care physician who treats you or refers you to other physicians within the HMO network. HMO Members receive health care at a fixed, prepaid monthly premium.	A system in which there is a gatekeeper, usually a physician, who is responsible for a child's or family's primary care. The gatekeeper determines the need for any specialized care and must authorize use of specialized services.
Period of time when eligible individuals may change benefit plans or add eligible family members.	A program that enables States to initiate and expand child health assistance to uninsured, low-income children. States have the option of establishing a seperate program, expanding their Medicaid program, or developing a combinded program.	Consolidated Omnibus Budget Act of 1986. Employees who have terminated employment are entitled to continue group coverage for a period of up to 18 months.
The amount you must pay or promise to pay each month toward the cost of health care services before Medicaid will pay. The share changes with monthly income and is only paid in a month when you receive services.	An OK from Medicaid or private insurance for medical services or equipment before they are received.	A person who has been determined eligible for Medicaid or insurance.
Medicaid is the federal and state program of medical assistance for needy and low-income people. Medicare is a federal health insurance program administered by Social Security Administration that is available regardless of income. It covers most persons 65 or older and certain disabled or blind persons regardless of age.	The amount of money a patient pays the doctor at an office visit. The co-payment amount is either a set amount (i.e., $5) or a percentage of the total charges (i.e., insurance covers 80% of the cost and the patient pays 20%).	Acceptable evidence, such as documents, which gives proof of statements made by an applicant or beneficiary.
The amount of money the patient must first pay a provider for a service before the insurance company begins coverage.	The amount of money a patient must pay to an insurance company for coverage.	When the primary care provider (gatekeeper) requests a specialist for a patient.

For use with Activity 4

Continuing Professional Development

This guide helps Head Start staff recognize the value of comprehensive well-child health care and screening in promoting health. Head Start staff members should continue to learn about health care and screenings by:

- ***Reassessing their personal knowledge and skills in screening***

  Give staff members the opportunity to identify at least one aspect of screening they would like to explore further. For example, a teacher may want to learn more about sickle cell anemia or gain skills in explaining the results of developmental screening to parents. Develop a personal action plan for improvement.

- ***Investigating other Head Start programs that are effective in areas you would like to improve***

  Use meetings (e.g., local and regional health coordinators, Head Start Association, health conference) as opportunities for discussing strategies for promoting well-care, successfully completing screening, tracking services, building a strong, participatory HSAC or collaboration building.

- ***Subscribing to public health journals to stay updated on current recommendations***

  Keep a library of books and videos on health screening topics. Make sure that the Well-Child Health Care Fact Sheets are reviewed and revised every year by the Health Services Advisory Committee members and/or health consultant.

- ***Encouraging staff to participate in classes and conferences on child health***

  Courses may be available through the local community college, child care resource and referral agency, hospitals, and other community-based agencies such as the American Red Cross. Allow staff to attend local, regional, and national conferences on health sponsored by Head Start, child care associations, public health associations, and health maintenance organizations.

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Continuing Professional Development

- ***Maintaining connections with local health professionals***

  Invite community health providers to staff and parent meetings to answer questions about health care, screening, and local health issues of concern.

- ***Advocating for improved health care and building collaborative relationships with existing service providers to increase access***

  What are the common health issues in your community? Lead poisoning, obesity, violent behavior, contaminated water, or lack of access to health care providers serving low-income families? Seek out those people capable of making change and actively advocate to improve the health of your community. This guide provides many models of this strategy. Form collaborative partnerships with existing service agencies to truly streamline the delivery of services.

Books & Manuals

Colgate-Palmolive Company. *Colgate Bright Smiles, Bright Futures: A multi-cultural oral health program for Head Start and Early Childhood Programs.* New York, NY: 1991.

This is a comprehensive, school-based package of teaching materials to help incorporate oral health activities into the classroom and home. The package addresses the following goals: promoting individual responsibility for oral health; easing fear about visiting the dentist; and showing parents, guardians, and teachers the basics of preventive oral health care, emergency first-aid and safety practices, and good nutrition. Included with activities are a "big book" showing healthy smiles, audiocassettes, wall posters, and video tapes.

Contact: Colgate-Palmolive Company, 1133 Broadway, Suite 1123, New York, NY 10010. Telephone: 800/334-7734. Fax: 212/924-3052. **Free** to Head Start Programs.

Green, M., Ed. *Bright Futures: Guidelines for health supervision of infants, children, and adolescents.* Arlington, VA: National Center for Education in Maternal and Child Health, 1994.

This book is a clear and comprehensive guide to preventive health care and screening for children from birth through adolescence. It was designed to help health professionals, families, and community members promote the health of children. The book presents an overview of children's development and special health issues for discussion and screening at different ages. The recommendations were developed through the collaboration of numerous child health agencies and experts, and sponsored by the Maternal and Child Health Bureau, U.S. Department of Health and Human Services.

Contact: National Maternal and Child Health Clearinghouse, 2070 Chain Bridge Rd., Suite 450, Vienna, VA 22182-2536. Telephone: 703/821-8955. Fax: 703/821-2098. $22.35 for one; $18 for orders of two to 10 copies; $15 for 11 - 49 copies; and $14 for orders of 50 or more. All prices include shipping & handling.

Kendrick, A.S., R. Kaufmann, & K.P. Messenger, Eds. *Healthy Young Children: A manual for programs.* Washington, D.C.: National Association for the Education of Young Children, 1995.

This is a comprehensive book on health in childcare and early childhood programs. It addresses a wide range of health topics including: health promotion and education, creating a safe environment, sanitation, emergencies and first aid, child health screening, dental health, nutrition, children with special needs, child abuse and neglect, lead poisoning, chronic health conditions, infectious diseases, and staff health issues. It contains a large amount of information on each of these topics, practical charts, forms, and handouts, as well as educational exercises and strategies for teaching children about health.

Contact: National Association for the Education of Young Children. 1509 Sixteenth Street, NW, Washington, D.C. 20036. Telephone: 800/424-2460 or 202/232-8777. Fax: 202/328-1846. $15; no shipping & handling fee for prepaid orders.

Meisels, Samuel. *Developmental Screening in Early Childhood: A Guide*. Washington, D.C.: National Association for the Education of Young Children (NAEYC), 1989.

This manual demonstrates how to organize an exemplary early childhood screening program. It includes advice on selecting an appropriate screening instrument, sample screening forms, and NAEYC's position statement on standardized testing.

Contact: National Association for the Education of Young Children. 1509 Sixteenth Street, NW, Washington, D.C. 20036. Telephone: 800/424-2460 or 202/232-8777. Fax: 202/328-1846. $4.50; no shipping & handling fee for prepaid orders.

Seattle-King County Dept. of Public Health. *Child Care Health Handbook*. Seattle, WA: Author, 1990.

This is a comprehensive, concise, and very user-friendly manual on health and safety issues in childcare. It covers mental health and developmental topics such as partnership; child growth and development; encouraging emotional health and good behavior; helping children cope with stress, child abuse, and neglect; and children with special needs. It also covers health and safety topics such as child health screening, immunizations, nutrition, dental health, injury prevention, emergencies, infection control, illnesses, reporting communicable diseases, and staff health issues.

Contact: Child Care Health Program, Seattle-King County Department of Public Health, 400 Yesler Ave., 3rd Floor, Seattle, WA 98104. Telephone: 206/296-4902. Fax: 206/205-5281. $10 each; $8.50 for orders of two to nine copies; $7.50 for orders of 10 or more; 10% shipping & handling fee on all orders.

U.S. Department of Health and Human Services. *EPSDT: A Guide for Head Start Programs.* Washington, D.C.: 1995.

This guide, developed jointly by the Head Start and Medicaid bureaus, helps Head Start programs to navigate access to preventive and treatment services for their Medicaid-eligible children. It focuses on Medicaid's Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) program. The guide includes contact organizations and telephone numbers.

Contact: Head Start Publications Center, P.O. Box 26417, Alexandria, VA, 22313-0417. Telephone: 202/205-8560. Fax: 703/683-5769. **Free** to Head Start Programs. Catalog #117.

Videos

Bright Smiles, Bright Futures: An oral health parent education video. Colgate-Palmolive Company. New York, NY: 1991.

This is a comprehensive video developed to educate parents about how to improve the oral health of their children by teaching them good oral health habits at an early age. It addresses Baby Bottle Tooth Decay (BBTD) and the adverse effects of sleeping with a bottle (i.e., advance tooth decay, space loss, tooth loss, crooked teeth, etc.). The video is fun to watch, shows children dancing, rapping, and singing about a healthy mouth.

Contact: Colgate-Palmolive Company, 1133 Broadway, Suite 1123, New York, NY 10010. Telephone: 800/334-7734. Fax: 212/924-3052. **Free** to Head Start Programs.

National Organizations

***Note:** For any of the following organizations listed, you can also contact your local chapter/affiliate for further information.*

- American Academy of Pediatric Dentistry

Contact: 211 E. Chicago Avenue, Suite 700
Chicago, IL 60611-2616
Telephone: 312/337-2169
Fax: 312/337-6329

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Resources

- American Academy of Pediatrics

  Contact: 141 Northwest Point Blvd.,
  Elk Grove Village, IL 60007
  Telephone: 847/228-5005
  Fax: 847/228-5097

- American Dietetic Association

  Contact: 216 West Jackson Blvd., Suite 800
  Chicago, IL 60606
  Telephone: 312/899-0040

- American Optometric Association

  Contact: 243 N. Lindbergh Blvd.
  St. Louis, MO 63141
  Telephone: 314/991-4100
  Fax: 314/991-4101

- American Orthopsychiatric Association, Inc.

  Contact: 330 Seventh Avenue, 18th Floor
  New York, NY 10001
  Telephone: 212/564-5930
  Fax: 212/564-6180

- American Speech Language and Hearing Association

  Contact: 10801 Rockville Pike
  Rockville, MD 20852
  Telephone: 301/897-5700
  Fax: 301/571-0457

- Medicaid/EPSDT (Early and Periodic Screening, Diagnosis, & Treatment)

  Contact: 7500 Security Blvd., 4th Floor—Central Bldg.
  Baltimore, MD 21244-1850
  Telephone: 800/638-6833

- National Association for the Education of Young Children

  Contact: 1509 16th St., NW
  Washington, D.C. 20036-1426
  Telephone: 800/424-2460 or 202/232-8777

Recommendations for Preventive Pediatric Health Care

Committee on Practice and Ambulatory Medicine

Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

These guidelines represent a consensus by the Committee on Practice and Ambulatory Medicine in consultation with national committees and sections of the American Academy of Pediatrics. The Committee emphasizes the great importance of **continuity of care** in comprehensive health supervision and the need to avoid **fragmentation of care.**

A **prenatal visit** is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance and pertinent medical history. Every infant should have a newborn evaluation after birth.

	INFANCY[3]								**EARLY CHILDHOOD**[3]					**MIDDLE CHILDHOOD**[3]				**ADOLESCENCE**[3]										
AGE[4]	NEWBORN[1]	2-4d[2]	By 1mo	2mo	4mo	6mo	9mo	12mo	15mo	18mo	24mo	3y	4y	5y	6y	8y	10y	11y	12y	13y	14y	15y	16y	17y	18y	19y	20y	21y
HISTORY																												
Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																												
Height and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference	•	•	•	•	•	•	•	•	•	•	•																	
Blood Pressure												•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING																												
Vision	S	S	S	S	S	S	S	S	S	S	S	O[5]	O	O	S	S	O	S	O	S	S	O	S	S	O	S	S	S
Hearing[6]	S/O	S	S	S	S	S	S	S	S	S	S	O	O	O	S	S	O	S	O	S	S	O	S	S	O	S	S	S
DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT[7]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PHYSICAL EXAMINATION[8]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES – GENERAL[9]																												
Hereditary/Metabolic Screening[10]	←	—	•																									
Immunization[11]	•—	—	→	•	•	•		←	•—	→			←	•—	→			•—	—	—	—	—	→					
Lead Screening[12]							•—	→			•																	
Hematocrit or Hemoglobin			←	—	—	—	•											←	—	—	—	•[13]	—	—	—	—	—	→
Urinalysis														•				←	—	—	—	•[14]	—	—	—	—	—	→
PROCEDURES – PATIENTS AT RISK																												
Tuberculin Test[15]								·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·
Cholesterol Screening[16]											·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·
STD Screening[17]																		·	·	·	·	·	·	·	·	·	·	·
Pelvic Exam[18]																		·	·	·	·	·	·	←	·	·[18]	·	→
ANTICIPATORY GUIDANCE[19]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Injury Prevention[20]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
INITIAL DENTAL REFERRAL[21]								←	—	—	—	•																

[1] Breastfeeding encouraged and instruction and support offered.
[2] For newborns discharged in less than 48 hours after delivery.
[3] Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.
[4] If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
[5] If the patient is uncooperative, rescreen within six months.
[6] Some experts recommend objective appraisal of hearing in the newborn period. The Joint Committee on Infant Hearing has identified patients at significant risk for hearing loss. All children meeting these criteria should be objectively screened. See the Joint Committee on Infant Hearing 1994 Position Statement.
[7] By history and appropriate physical examination: if suspicious, by specific objective developmental testing.
[8] At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
[9] These may be modified, depending upon entry point into schedule and individual need.
[10] Metabolic screening (eg, thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
[11] Schedule(s) per the Committee on Infectious Diseases, published periodically in *Pediatrics*. Every visit should be an opportunity to update and complete a child's immunizations.
[12] Blood lead screen per AAP statement "Lead Poisoning: From Screening to Primary Prevention" (1993).
[13] All menstruating adolescents should be screened.
[14] Conduct dipstick urinalysis for leukocytes for male and female adolescents.
[15] TB testing per AAP statement "Screening for Tuberculosis in Infants and Children" (1994). Testing should be done upon recognition of high risk factors. If results are negative but high risk situation continues, testing should be repeated on an annual basis.
[16] Cholesterol screening for high risk patients per AAP "Statement on Cholesterol" (1992). If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
[17] All sexually active patients should be screened for sexually transmitted diseases (STDs).
[18] All sexually active females should have a pelvic examination. A pelvic examination and routine pap smear should be offered as part of preventive health maintenance between the ages of 18 and 21 years.
[19] Appropriate discussion and counseling should be an integral part of each visit for care.
[20] From birth to age 12, refer to AAP's injury prevention program (TIPP®) as described in "A Guide to Safety Counseling in Office Practice" (1994).
[21] Earlier initial dental evaluations may be appropriate for some children. Subsequent examinations as prescribed by dentist.

Key: • = to be performed · = to be performed for patients at risk S = subjective, by history O = objective, by a standard testing method ←—•—→ = the range during which a service may be provided, with the dot indicating the preferred age

NB: Special chemical, immunologic, and endocrine testing is usually carried out upon specific indications. Testing other than newborn (eg, inborn errors of metabolism, sickle disease, etc.) is discretionary with the physician.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. ©1995 American Academy of Pediatrics

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Health Assessment Procedures Required for Various Age Groups[1] (Early Periodic Screening Diagnosis & Treatment Program)

Screening Procedure	Age of Person Being Screened														
	Under 1 mo.	1-2 mos.	3-4 mos.	5-6 mos.	7-9 mos.	10-12 mos.	13-15 mos.	16-23 mos.	2 yrs.	3 yrs.	4-5 yrs.	6-8 yrs.	9-12 yrs.	13-16 yrs.	17-20 yrs.
Interval Until Next Exam	1 mo.	2 mos.	2 mos.	2 mos.	3 mos.	3 mos.	3 mos.	6 mos.	1 yr.	1 yr.	2 yrs.	3 yrs.	4 yrs.	4 yrs.	none
History & Physical Examination	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dental Assessment															
Nutritional Assessment															
Developmental History & Assessment															
Pelvic Exam [4]														X	X
Vision Screening															
Snellen or Equivalent Visual Acuity Test										X [2]	X	X	X	X	X
Clinical Observation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Hearing Screening															
Audiometric										X [2]	X	X	X	X	X
Nonaudiometric		X	X	X	X	X	X	X	X	X					
Tuberculin Test [3]						X					X			X	X
Laboratory Tests															
Hematocrit or Hemoglobin					X		X		X	X	X		X	X	X
Urine Dipstick or Urinalysis											X	X	X	X	X
VDRL, RPR, or ART [4]													X	X	X
Gonorrhea Culture [4]													X	X	X
Papanicolau (Pap) Smear [4]														X	X
Chlamydia Test [4]														X	X
Phenylketonuria (PKU)	X														
Sickle Cell	May be done once if both anemic and from specific target groups (see guidelines).														
Free Erythrocyte Protoporphyrin (FEP)	May be done if health history warrants.														
Blood Lead Level	May be done if health history warrants.														
Immunizations—administer as necessary to make status current. [5]	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

NOTE: Persons coming under care who have not received all the recommended procedures for an earlier age should be brought up-to-date as appropriate.

1 Required unless medically contraindicated or deemed inappropriate by the screening provider or refused by the person.
2 Snellen and audiometric examinations should be done at this age if possible.
3 Recommended more frequently in high risk populations such as recent immigrant and refugee families.
4 Recommended for sexually active adolescents.
5 Summary of Pediatric Immunization Recommendations. U.S. Dept. of Health & Human Services. Advisory Committee on Immunization Practices.

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Anemia Screening (Hemoglobin/Hematocrit)

What is anemia?

Our bodies need oxygen for energy and growth. Red blood cells, hemoglobin, and iron carry oxygen through the blood to the body. **Anemia** is when the body does not have enough red blood cells, iron, or hemoglobin. It can slow a child's energy, growth, and development.

How do you screen for anemia?

Anemia screening is a blood test, usually a finger-prick, to check the amount of hemoglobin (or hematocrit) in the blood. It is done by a trained health professional at a clinic, doctor's office, health department, lab, or Head Start.

What might I observe?

Many children with anemia have no symptoms at all. You might notice:

- Pale skin
- Tiredness
- Lack of appetite
- Frequent illness
- Slow growth and development

Follow-up to anemia screening

If screening shows a hemoglobin level less than 11 or a hematocrit less than 34, the child needs follow-up evaluation and treatment by a health care provider. Causes of anemia might include:

- Not eating enough iron-rich foods
- Drinking too much milk in place of iron-rich foods
- Sickle cell disease
- Intestinal parasites
- Lead poisoning
- Severe illness
- Loss of blood

Treatment might include:

- Nutrition counseling and diet changes
- Iron supplements or iron-enriched vitamins
- Treatment of other conditions causing anemia

Anemia can delay a child's growth and development. Early diagnosis and treatment of anemia can help improve the child's health and development.

Dental Screening and Examination

What is dental screening?

Dental screening is a quick check of a child's mouth to find out if she needs a prompt exam and treatment. It can be done by a dental professional or trained Head Start staff or volunteer. Whether or not it is done, **all** Head Start children need a complete dental examination.

What is the dental examination?

The dental examination is a full checkup by a dental professional. It includes:

- Discussion of diet, toothbrushing, use of bottles, and thumb-sucking.
- Exam of the mouth for tooth decay, bite, and gum infections. Dental equipment such as mouth mirrors, dental picks, and high intensity lights are used. X-rays may be taken.
- Information on good oral hygiene and nutrition.
- Fluoride may be applied to the child's teeth and/or prescribed in liquid or tablets to prevent tooth decay.

What might I observe?

- Mouth pain and sensitivity to hot, cold, or sweets
- Discolored, broken, or missing teeth
- Red, swollen, or bleeding gums
- Swollen face
- Bad breath

Dental problems can cause pain and difficulty eating and speaking. Treatment for dental problems can improve a child's health and well-being.

Follow-up to dental screening

If dental problems are found, the child needs follow-up evaluation and treatment by a dentist.

Treatment might include:

- Filling cavities, capping, or pulling teeth
- Education on improved diet, bottle use, toothbrushing, flossing, and fluoride
- Referral to an orthodontist or other specialist

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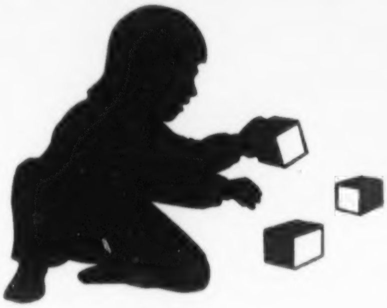
Developmental Screening

What is developmental screening?



Developmental screening helps identify a child's strengths and needs in development and mental health. It assesses a child's temperament, behavior and skills such as:

- Understanding and thinking
- Emotional, social, and communication skills
- Physical coordination and self-help skills

How is developmental screening done?

Developmental screening may be done by a mental health professional, health care provider, or trained Head Start staff. Standardized developmental checklists and tests may be used. Information is gathered by:

- Talking with parents and teachers
- Observing the child
- Having the child answer questions and complete tasks

What might I observe?

- Difficulty understanding, communicating, or doing things expected at that age
- Extreme moods: anger, sadness, lethargy, restlessness, anxiety
- Difficulty with social behavior: fighting, biting, not interacting with other children or adults

Follow-up to developmental screening

If screening results are outside "normal range" for her age, the child needs follow-up evaluation by her health care provider. Evaluation may involve a mental health consultant, developmental center, or local education agency (LEA).

Early intervention for developmental and mental health concerns can help improve a child's skills and well-being.

Intervention might include:

- Special education or early intervention services
- Speech therapy
- Physical and occupational therapy
- Mental health counseling/consultation for the child, family, and staff

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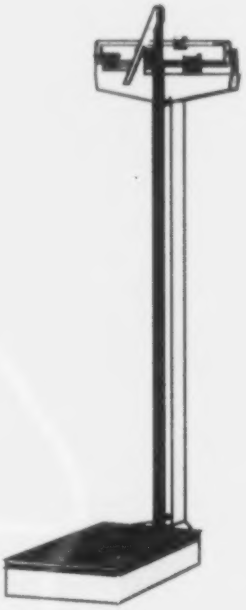
Growth Assessment

What is growth assessment?

Growth assessment measures a child's height, weight, and head circumference (for infants). Growth is a sign of a child's overall physical and emotional health.



How is growth assessment done?

Growth is measured by a health care provider or Head Start staff. A wall-mounted height measure, balance-beam scale, and tape measure are used.

The child's measurements are recorded on a standardized growth chart. Measurements are:
- Compared to other children the same age and sex to give a "percentile"
- Followed over time to give a "growth curve"

What might I observe?

A child may appear...
- Very short, thin, large, or overweight
- Too thin or too heavy for his height
- To have his head too large or small for his body

Follow-up to growth assessment

The parents' height/weight and race are taken into account to determine the child's "normal" growth. A child should be referred to his health care provider for further evaluation for:

- Height or weight below 5th or above 95th percentile
- Head circumference below 2nd or above 98th percentile
- Failure to grow along the growth curve

When growth problems are identified and treated early, the child's health and well-being are improved.

Causes of growth problems might include:
- Improper nutrition—not enough, too much, or unhealthy foods
- Serious medical illness
- Severe family problems

Treatment might include:
- Nutritional counseling and dietary supplements
- Treatment of medical conditions causing the growth problem
- Mental health counseling/consultation for the child, family, and staff

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Hearing Testing

What is hearing testing?

Hearing testing checks whether children can hear different kinds of sounds.

How is hearing testing done?

Hearing testing or "audiometry" is done by a health care professional or trained staff person or volunteer. The child indicates when he hears tones through earphones.

Ear exams are done by a health professional using a small instrument inserted into the child's ear canal.
- "Otoscopy" looks at the child's ear canal and ear drum
- "Tympanometry" tests how well the child's ear drum moves

What might I observe?

- An infant does not startle at noises, turn to voices, or babble at seven to 12 months of age
- A child has difficulty with listening activities
- A child's speech is:
  - limited compared to children at that age
  - not easily understood
  - very loud or soft or sounds unusual
- A child has frequent earaches

Hearing is important for learning and communicating with others. Early identification and treatment of hearing problems can help improve a child's development and relationships.

Follow-up to hearing screening

A child "fails" the hearing test if she fails to respond at 1,000, 2,000 or 4,000 Hz in either ear. She should be rescreened. If she fails again, she should be referred to her health care provider for evaluation and treatment. Children with ear infections should be retested after treatment.

Causes of hearing loss might include prenatal conditions, ear infections, other serious illnesses, and head injuries.

Treatment might include:
- Medications
- Sign language instruction
- Lip reading instructions
- Hearing aid devices
- Speech therapy
- Special education services
- Surgery such as "ear tubes" to help prevent ear infection

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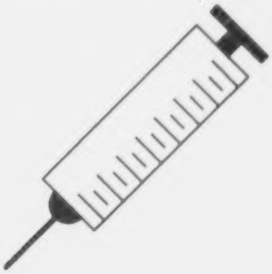
Immunizations

What are immunizations?



Immunizations are vaccines or "shots" that protect children from serious illnesses. The illnesses can cause pneumonia, liver cancer, brain damage, and death. A child should receive immunizations for ten diseases:

Immunization	Disease
DTP	Diphtheria, tetanus, pertussis (whooping cough)
OPV or IPV	Polio
MMR	Measles, mumps, rubella (German measles)
HIB	Hemophilus influenza B
HBV	Hepatitis B
VZV	Varicella (chicken pox)

How are immunizations given?

Immunizations are injections or shots, except the polio vaccine which is usually a syrup given by mouth. They are given by a health professional at a doctor's office, clinic, or Head Start site. They require one or more doses. They should be given at the following ages:

- Birth
- 2, 4, 6, 12, and 15 to 18 months of age
- Before kindergarten (4 to 6 years of age)

Are immunizations safe?

Health experts agree that immunizations are far safer than the diseases they cause. A child may have soreness, low-grade fever, or fussiness for one or two days. Complications like high fever and seizures are very rare. Parents should call their health care provider for any serious reaction.

Immunizations protect children from severe diseases. We still have deadly epidemics because many children are not immunized on time.

Are all the immunizations necessary?

Children entering Head Start must be up-to-date with the immunizations required by Head Start and local/state child care regulations. As new vaccines are developed, requirements may change.

If a child is behind on immunizations, he should be referred to a health care provider to catch up. Rarely, exemptions may be given for medical reasons or the family's personal beliefs.

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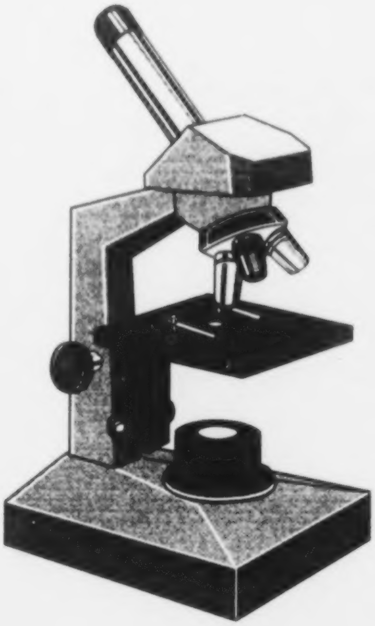
Intestinal Parasite Screening



What are intestinal parasites?

Intestinal parasites are infections of the intestines and stool. Common intestinal parasites include giardia lamblia, pinworms, ameba, roundworms, and ascaris. They may cause no symptoms or stomach cramps, diarrhea, growth problems, and anemia.

Intestinal parasites spread when stool gets onto hands, objects, food, and water. They commonly spread from not washing hands well after diapering and toileting and before food preparation. They can spread through untreated drinking water, wading pools, water play tables, and living in conditions with inadequate sanitation.

How is intestinal parasite screening done?

Stool samples are collected and sent to a laboratory for analysis.

What might I observe?

Most children with intestinal parasites have no symptoms at all. You might notice:

- Nausea, low appetite, stomach cramps, gas
- Diarrhea—loose, watery, foul-smelling, bloody or mucous stools
- Rectal itching and scratching
- Pale skin, tiredness
- Slow growth

Intestinal parasites can cause diarrhea and growth problems. They can be successfully treated with medication and education on handwashing and safe food preparation.

Follow-up to intestinal parasite screening

The screening results are evaluated by a health care provider to determine the treatment.

Treatment might include:
- Medication
- Notification of staff, parents, and the public health department
- Education on handwashing, food preparation, cleaning, and disinfection

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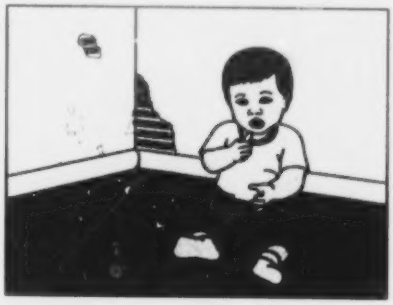
Lead Screening

What is lead screening?

Lead screening measures the level of lead in the blood. Lead is a poison that is very dangerous for young children because of their small size and rapid growth and development. It can cause anemia, learning difficulties, and other medical problems.



Children can be exposed to lead through:
- Home or child care environment:
  - built before 1960 with peeling paint or renovation
  - located near a highway or lead industry
- Family member who works with lead or treated for lead poisoning
- Imported ceramic pottery for cooking, storing, or serving food
- Home remedies with lead

How is lead screening done?

Lead screening involves:
- Asking the family questions about the child's exposure to lead
- A blood lead test, from the finger or vein, done by a health professional

What might I observe?

Most children with lead poisoning show no symptoms. You might notice:
- Irritability, headache
- Poor appetite, stomachache
- Pale skin, tiredness
- Slow growth and development
- A child who eats paint chips or dirt

Lead poisoning can cause serious health and developmental problems in young children. Eliminating the source of lead and treating the child can improve the health and developmental outcomes.

Follow-up to lead screening

If screening indicates a lead level of above 10 ug/dl, the child should be referred to a health professional for evaluation and treatment.

Treatment may include:
- Removing the source of lead
- Nutrition counseling, iron supplements
- Medication to remove the lead from the blood
- Follow-up testing of child's blood
- Referral for developmental testing

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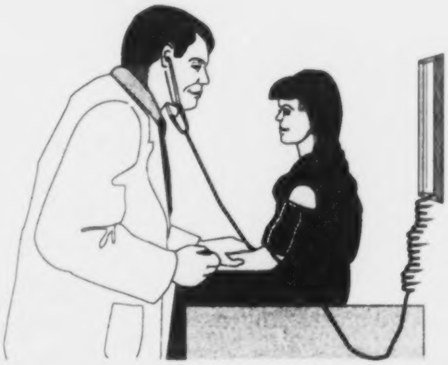
Medical/Physical Examination



What is the medical examination?

The medical exam is a thorough checkup of the child's overall health and development. It is done by a licensed physician, nurse practitioner, or physician's assistant.

How is the medical exam done?

The medical professional:
- Discusses with the parent the child's medical history, development, pertinent family history, and any special concerns
- Measures the child's height, weight, and head circumference (for infants)
- Measures blood pressure with an arm cuff
- Observes the child's appearance, behavior, speech, and motor skills
- Examines the child closely from head to toe: skin, eyes, ears, nose, mouth, teeth, heart, lungs, abdomen, genitalia, and limbs
- Conducts and/or assesses other screening tests (e.g., development, vision, hearing, hemoglobin, tuberculosis, urine)

What might I notice?

You might not notice any signs or symptoms, or you might notice a child who:
- Appears pale, fatigued, feverish, or in pain
- Coughs or has problems breathing
- Has vomiting, diarrhea, or little appetite
- Has difficulty doing things expected of most children at a given age

The medical/physical exam assesses overall health and development. It can lead to early identification and treatment of health problems.

Follow-up to the medical exam

If the medical exam identifies any problems, the health care provider might recommend further evaluation, treatment, and follow-up.

This might include:
- Laboratory tests or X-rays
- Referral for evaluation by a health or educational specialist
- Medication or other therapy
- Education and counseling for the family and staff

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Nutrition Assessment

What is nutrition assessment?

The nutrition assessment reviews the child's eating and growth patterns. A child's diet can affect how she grows, develops, looks, and feels.

How is nutrition assessment done?

Nutrition assessment is usually done by trained Head Start staff with consultation from a nutritionist. It includes:

- Discussion with the family about the child's eating habits, food allergies, feeding problems, and special dietary needs
- Review of the child's growth—height, weight, and head circumference (for infants)
- Review of other screening results—medical/physical exam, hemoglobin/hematocrit, lead, sickle cell, intestinal parasites

What might I observe?

You might notice a child who:
- Looks very short, thin, large, or overweight
- Looks pale or tired
- Eats very little, too much, or prefers non-nutritious foods like sweets, candy, and junk food
- Has chronic illnesses such as allergies, diabetes, HIV/AIDS, or intestinal parasites

How a child eats can affect how she grows, develops, looks, and feels. Nutrition assessment and counseling can promote healthy growth and development.

Follow-up to nutrition assessment

If nutrition assessment finds inadequate diet (e.g., too little, too much, or unhealthy foods), growth problems (e.g., failure to thrive or overweight), or anemia, the child should be referred to a health care provider for evaluation and treatment.

Treatment may include:
- Referral to a nutritionist
- Counseling for parents and Head Start staff on the types and amounts of food the child should eat and recommended amount of physical activity
- Iron supplements or iron-enriched vitamins
- Treatment of medical conditions causing nutritional and growth problems

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Speech and Language Screening

What is speech and language screening?

Aa Bb Cc Dd Ee Ff Gg Hh Ii Jj

Speech and language screening assesses a child's abilities in the areas of:

- Voice (tone, loudness)
- Articulation (pronouncing sounds)
- Fluency (stuttering)
- Language (understanding and using words)

How is speech and language screening done?

Speech and language screening is done by a health professional or trained staff, parent, or volunteer. Children should be screened in their primary language. A standardized screening tool should be used. The screening asks questions and gives the child things to observe, think about, and then respond to verbally.

What might I observe?

- Speech that is:
  - limited compared to other children at that age
  - not easily understood
  - very loud or soft, or sounds unusual
- Difficulty understanding instructions, following directions, and communicating with other children and adults
- Frequent ear infections or allergies

Speech and language are important for learning and communicating with others. Early assessment and treatment of speech problems can help promote a child's development and relationships.

Follow-up to speech and language screening

If a child's speech and language skills fall below the "normal range" for his age, he should be rescreened. If he "fails" a second time, he should be referred to a health care provider for further evaluation and treatment. Evaluation should also consider the results of the hearing test, developmental screening, medical and dental exams. Treatment may include:

- Medications
- Speech therapy
- Dental work
- Hearing aid devices
- Sign language instruction
- Special education services
- Lip reading instruction
- Surgery such as "ear tubes" to help prevent ear infections
- Mental health counseling/consultation for the child, family, and staff

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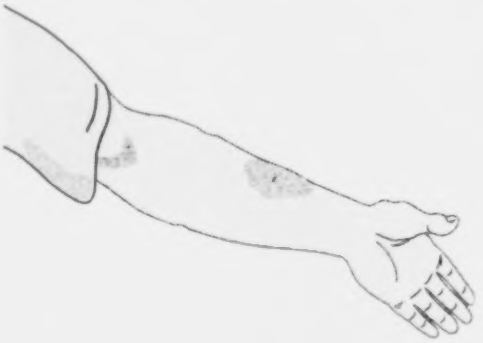
Tuberculin (TB) Testing

What is tuberculosis?



Tuberculosis (TB) is a serious disease caused by a bacteria. Young children, elderly people, and people with health problems are especially at risk.

TB can spread by coughing. The infection can enter the lungs and cause no symptoms for a long time. But it can progress to cause pneumonia, fevers, and weight loss. It can spread to the brain, heart, kidneys, bones, and even cause death.

How do you test for TB?

TB testing is done by a skin test. The recommended test, called "Mantoux" or "PPD," involves a small bubble of fluid injected under the skin on the forearm. It is done by a health professional. Two to three days after the skin test, a trained person inspects the site for swelling.

What might I observe?

Most children with TB have no symptoms. You might notice:

- Chronic cough
- Pneumonia

Follow-up to TB testing

If the TB test causes swelling of more than 5–10 mm diameter, it is "positive" and indicates possible infection with TB. The child should be referred to his health care provider for further evaluation. This might involve repeat skin testing and chest x-ray.

Treatment might include:

- Oral medication for six to 12 months (hospitalization for severe cases), with close medical follow-up
- Reporting, investigation, and follow-up by the local health department
- Testing and possible treatment for family and school contacts
- Recommendations that the child may return to school when the health care provider certifies that he is no longer contagious

When TB is identified early, treatment can prevent serious health complications and the spread of the disease.

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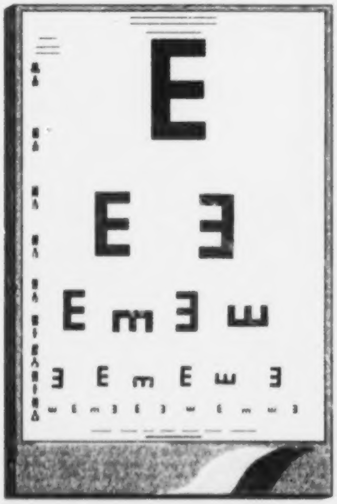
Vision Testing

What is vision testing?

Vision testing checks how well a child can see and how well the eyes move together.



How is vision testing done?

Vision testing is done by a health professional or trained staff, parent, or volunteer. It involves:

- Having the child identify letters, shapes, or figures on a standard eye chart
- Observing the child's eye movements ("strabismus testing")
- Observing for other eye abnormalities (e.g., redness, swelling, discharge)

What might I observe?

- Eyes that cross or point outward
- Frequent blinking, squinting, or rubbing eyes
- Difficulty picking up small objects, catching balls, or seeing distant objects
- Holding books and objects unusually close
- Short attention for visual activities
- Frequent complaints of eye discomfort, headaches, or dizziness

Vision is important for development, physical activity, and social interactions. Early identification and treatment of vision problems can help promote a child's development.

Follow-up to vision testing:

A child "fails" the vision test if:

- She is unable to identify more than half the symbols on the 20/40 line
- There is more than a two-line difference in vision between one eye and the other, even if the worse eye is 20/40 or better.

The child should be retested. If she fails again, she should be referred to her health care provider for evaluation and treatment. Children with eye infections should be retested after treatment.

Treatment may include:

- Antibiotics to treat eye infections
- Eye patch
- Eyeglasses
- Eye muscle surgery
- Special education or early intervention services

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Well-Child Health Care: Making It Happen...

On the Fort Berthold Reservation,
collaboration has brought
medical and dental examinations,
mental health information,
WIC enrollment, Healthy Start enrollment
(for pregnant women), health education,
and Health Tracks EPSDT enrollment
together all in one place for the
well-child health care clinic
three times a month.

*U.S. Government Printing Office 1999 — 715-032/63212

Handout C: Child Health Record Sample (Part 1)

CHILD HEALTH RECORD: **FORM 2A, HEALTH HISTORY**

TO BE COMPLETED BY HEAD START STAFF DURING PARENT/GUARDIAN INTERVIEW.

PERSON INTERVIEWED:______________________ DATE: ______ RELATIONSHIP: ________

NAME OF INTERVIEWER:______________________ TITLE: ______________________

PREGNANCY/BIRTH HISTORY	**YES**	**NO**	**EXPLAIN "YES" ANSWERS**
1. DID MOTHER HAVE ANY HEALTH PROBLEMS DURING THIS PREGNANCY OR DURING DELIVERY?			
2. DID MOTHER VISIT PHYSICIAN FEWER THAN TWO TIMES DURING PREGNANCY?			
3. WAS CHILD BORN OUTSIDE OF A HOSPITAL?			
4. WAS CHILD BORN MORE THAN 3 WEEKS EARLY OR LATE?			
5. WHAT WAS CHILD'S BIRTH WEIGHT?			____________lbs., ____________oz.
6. WAS ANYTHING WRONG WITH CHILD AT BIRTH?			
7. WAS ANYTHING WRONG WITH CHILD IN THE NURSERY?			
8. DID CHILD OR MOTHER STAY IN HOSPITAL FOR MEDICAL REASONS LONGER THAN USUAL?			
9. IS MOTHER PREGNANT NOW?			*(If yes, ask about prenatal care, or schedule time to discuss prenatal care arrangements.)*
HOSPITALIZATIONS AND ILLNESSES	**YES**	**NO**	**EXPLAIN "YES" ANSWERS**
10. HAS CHILD EVER BEEN HOSPITALIZED OR OPERATED ON?			
11. HAS CHILD EVER HAD A SERIOUS ACCIDENT *(broken bones, head injuries, falls, burns, poisoning)*?			
12. HAS CHILD EVER HAD A SERIOUS ILLNESS?			
HEALTH PROBLEMS	**YES**	**NO**	**EXPLAIN** *(Use additional sheets if needed)*
13. DOES CHILD HAVE FREQUENT _____SORE THROAT; _____COUGH; _____URINARY INFECTIONS OR TROUBLE URINATING; _____STOMACH PAIN, VOMITING, DIARRHEA?			
14. DOES CHILD HAVE DIFFICULTY SEEING *(Squint, cross eyes, look closely at books)*?	•		
15. IS CHILD WEARING *(or supposed to wear)* GLASSES?			*(If "yes")* WAS LAST CHECKUP MORE THAN ONE YEAR AGO? ______________
16. DOES CHILD HAVE PROBLEMS WITH EARS/HEARING *(Pain in ear, frequent earaches, discharge, rubbing or favoring one ear)*?	•		
17. HAVE YOU EVER NOTICED CHILD SCRATCHING HIS/HER BEHIND *(Rear end, anus, butt)* WHILE ASLEEP?			
18. HAS CHILD EVER HAD A CONVULSION OR SEIZURE? IS CHILD TAKING MEDICINE FOR SEIZURES?	•		*If "yes" ask:* WHEN DID IT LAST HAPPEN?__________ WHAT MEDICINE?______________
19. IS CHILD TAKING ANY OTHER MEDICINE NOW? *(Special consent form must be signed for Head Start to administer any medication).*			WHAT MEDICINE?______________ *(If "yes")* WILL IT NEED TO BE GIVEN WHILE CHILD IS AT HEAD START?_____HOW OFTEN?_____
20. IS CHILD NOW BEING TREATED BY A PHYSICIAN OR A DENTIST?			(PHYSICIAN'S NAME:______________)
21. HAS CHILD HAD: _____BOILS, _____CHICKENPOX, _____ECZEMA, _____GERMAN MEASLES, _____MEASLES, _____MUMPS, _____SCARLET FEVER, _____WHOOPING COUGH?			
22. HAS CHILD HAD: _____HIVES, _____POLIO?	•		
23. HAS CHILD HAD: _____ASTHMA, _____BLEEDING TENDENCIES _____DIABETES, _____EPILEPSY, _____HEART/BLOOD VESSEL DISEASE, _____LIVER DISEASE, _____RHEUMATIC FEVER, _____SICKLE CELL DISEASE?	•		*If "yes", transfer information to Forms 1 and 5.*
24. DOES CHILD HAVE ANY ALLERGY PROBLEMS *(Rash, itching, swelling, difficulty breathing, sneezing)*? a. WHEN EATING ANY FOODS?______________ b. WHEN TAKING ANY MEDICATION?______________ c. WHEN NEAR ANIMALS, FURS, INSECTS, DUST, ETC.?________	•		*If "yes", transfer information to Forms 1 and 5.* WHAT FOODS? WHAT MEDICINE? WHAT THINGS? HOW DOES CHILD REACT?
25. *(If any "yes" answers to questions 14, 16, 18, 22, 23, or 24 ask:)* DO ANY OF THE CONDITIONS WE'VE TALKED ABOUT SO FAR GET IN THE WAY OF THE CHILD'S EVERYDAY ACTIVITIES? DID A DOCTOR OR OTHER HEALTH PROFESSIONAL TELL YOU THE CHILD HAS THIS PROBLEM?			DESCRIBE HOW: WHEN?
26. ARE THERE ANY CONDITIONS WE HAVEN'T TALKED ABOUT THAT GET IN THE WAY OF THE CHILD'S EVERYDAY ACTIVITIES? DID A DOCTOR OR OTHER HEALTH PROFESSIONAL TELL YOU THE CHILD HAD THIS PROBLEM?			DESCRIBE: WHEN?

For use with Activity 6 in Module 1 (& Activity 9 in Module 2)

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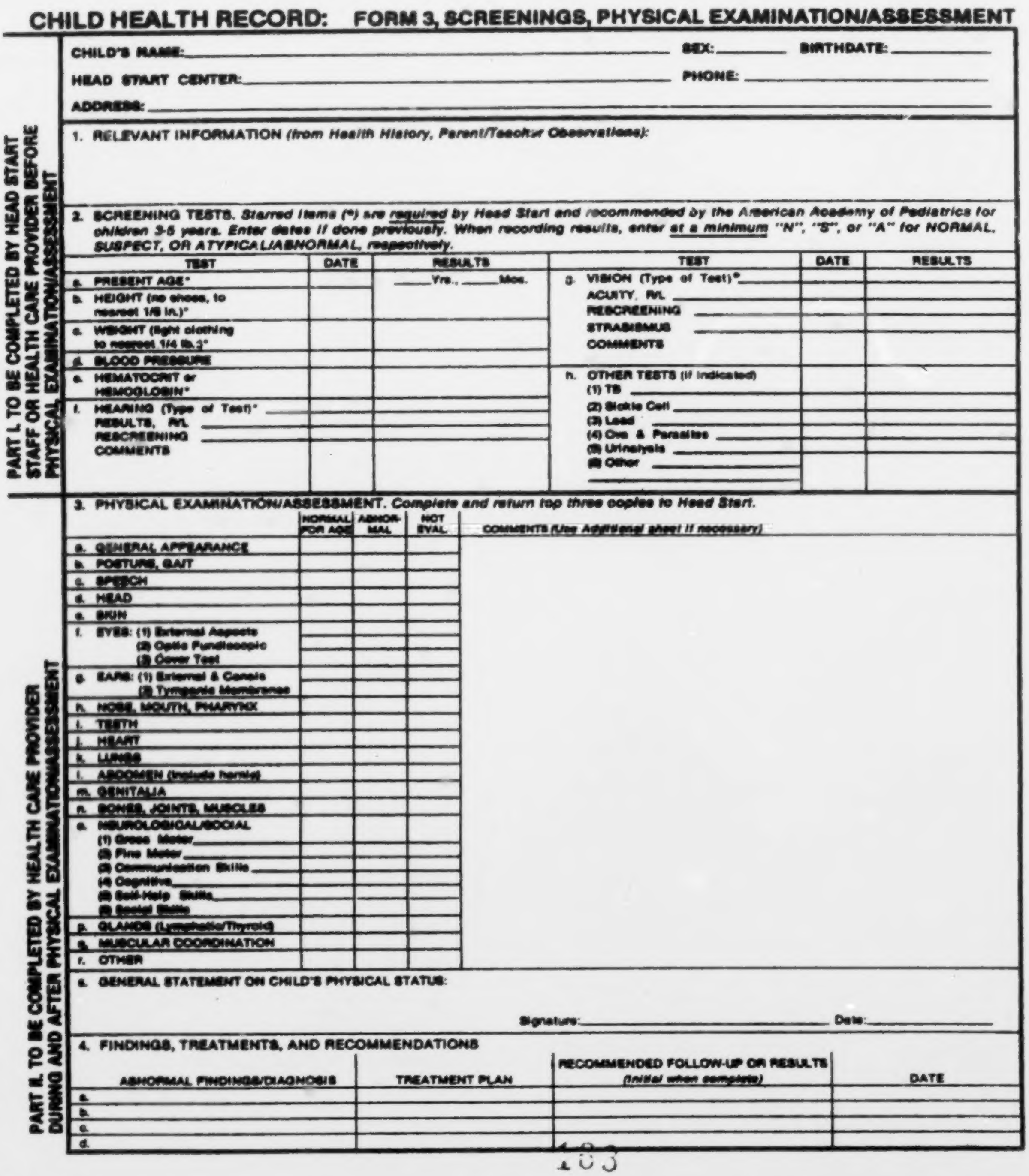
Handout C: Child Health Record Sample (Part 1, *continued*)



CHILD HEALTH RECORD: FORM 3, SCREENINGS, PHYSICAL EXAMINATION/ASSESSMENT

PART I. TO BE COMPLETED BY HEAD START STAFF OR HEALTH CARE PROVIDER BEFORE PHYSICAL EXAMINATION/ASSESSMENT

CHILD'S NAME: ______ SEX: ______ BIRTHDATE: ______

HEAD START CENTER: ______ PHONE: ______

ADDRESS: ______

1. RELEVANT INFORMATION *(from Health History, Parent/Teacher Observations)*:

2. SCREENING TESTS. *Starred items (*) are required by Head Start and recommended by the American Academy of Pediatrics for children 3-5 years. Enter dates if done previously. When recording results, enter at a minimum "N", "S", or "A" for NORMAL, SUSPECT, OR ATYPICAL/ABNORMAL, respectively.*

TEST	DATE	RESULTS	TEST	DATE	RESULTS
a. PRESENT AGE*		___Yrs., ___Mos.	g. VISION (Type of Test)* ___ ACUITY, R/L ___ RESCREENING ___ STRABISMUS ___ COMMENTS		
b. HEIGHT (no shoes, to nearest 1/8 in.)*					
c. WEIGHT (light clothing to nearest 1/4 lb.)*					
d. BLOOD PRESSURE					
e. HEMATOCRIT or HEMOGLOBIN*			h. OTHER TESTS (if indicated) (1) TB ___ (2) Sickle Cell ___ (3) Lead ___ (4) Ova & Parasites ___ (5) Urinalysis ___ (6) Other ___		
f. HEARING (Type of Test)* ___ RESULTS, R/L ___ RESCREENING ___ COMMENTS					

PART II. TO BE COMPLETED BY HEALTH CARE PROVIDER DURING AND AFTER PHYSICAL EXAMINATION/ASSESSMENT

3. PHYSICAL EXAMINATION/ASSESSMENT. *Complete and return top three copies to Head Start.*

	NORMAL FOR AGE	ABNORMAL	NOT EVAL.	COMMENTS *(Use Additional sheet if necessary)*
a. GENERAL APPEARANCE				
b. POSTURE, GAIT				
c. SPEECH				
d. HEAD				
e. SKIN				
f. EYES: (1) External Aspects				
(2) Optic Fundiscopic				
(3) Cover Test				
g. EARS: (1) External & Canals				
(2) Tympanic Membranes				
h. NOSE, MOUTH, PHARYNX				
i. TEETH				
j. HEART				
k. LUNGS				
l. ABDOMEN (include hernia)				
m. GENITALIA				
n. BONES, JOINTS, MUSCLES				
o. NEUROLOGICAL/SOCIAL				
(1) Gross Motor___				
(2) Fine Motor___				
(3) Communication Skills___				
(4) Cognitive___				
(5) Self-Help Skills___				
(6) Social Skills				
p. GLANDS (Lymphatic/Thyroid)				
q. MUSCULAR COORDINATION				
r. OTHER				

s. GENERAL STATEMENT ON CHILD'S PHYSICAL STATUS:

Signature: ______ Date: ______

4. FINDINGS, TREATMENTS, AND RECOMMENDATIONS

	ABNORMAL FINDINGS/DIAGNOSIS	TREATMENT PLAN	RECOMMENDED FOLLOW-UP OR RESULTS *(Initial when complete)*	DATE
a.				
b.				
c.				
d.				

For use with Activity 6 in Module 1 (& Activity 9 in Module 2)

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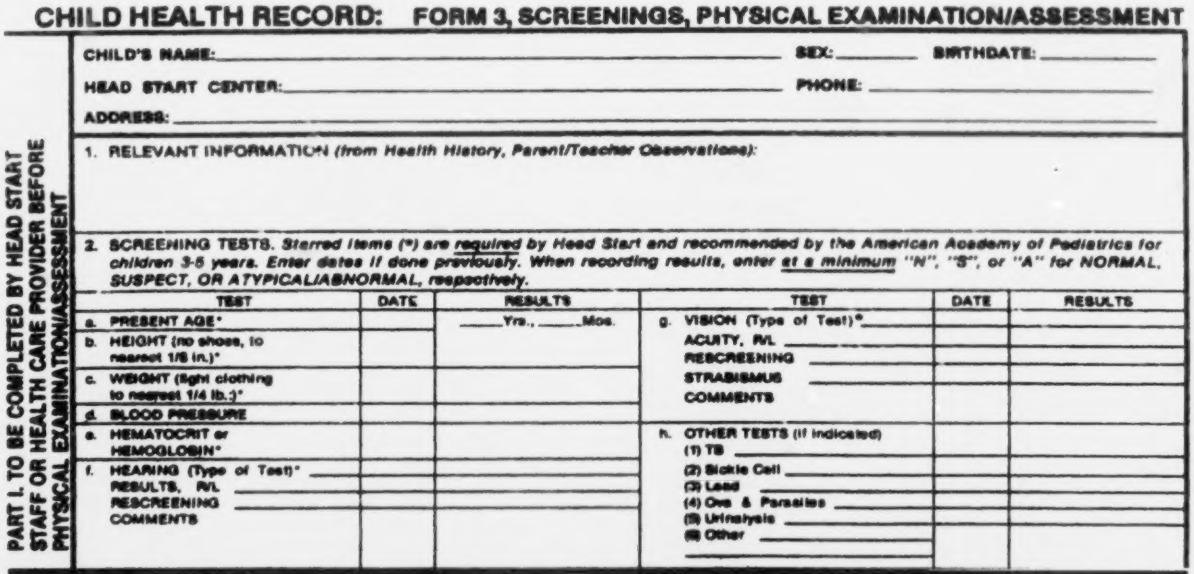
Handout C: Child Health Record Sample (Part 2)



CHILD HEALTH RECORD: FORM 3, SCREENINGS, PHYSICAL EXAMINATION/ASSESSMENT

PART I. TO BE COMPLETED BY HEAD START STAFF OR HEALTH CARE PROVIDER BEFORE PHYSICAL EXAMINATION/ASSESSMENT

CHILD'S NAME: ____________ **SEX:** ______ **BIRTHDATE:** ______

HEAD START CENTER: ____________ **PHONE:** ______

ADDRESS: ____________

1. **RELEVANT INFORMATION** *(from Health History, Parent/Teacher Observations):*

2. **SCREENING TESTS.** ***Starred items (*) are required by Head Start and recommended by the American Academy of Pediatrics for children 3-5 years. Enter dates if done previously. When recording results, enter at a minimum "N", "S", or "A" for NORMAL, SUSPECT, OR ATYPICAL/ABNORMAL, respectively.***

TEST	DATE	RESULTS	TEST	DATE	RESULTS
a. PRESENT AGE*		____Yrs., ____Mos.	g. VISION (Type of Test)* ______		
b. HEIGHT (no shoes, to nearest 1/8 in.)*			ACUITY, R/L ______		
			RESCREENING ______		
c. WEIGHT (light clothing to nearest 1/4 lb.)*			STRABISMUS ______		
d. BLOOD PRESSURE			COMMENTS		
e. HEMATOCRIT or HEMOGLOBIN*			h. OTHER TESTS (if indicated) (1) TB ______		
f. HEARING (Type of Test)* ______			(2) Sickle Cell ______		
RESULTS, R/L ______			(3) Lead ______		
RESCREENING ______			(4) Ova & Parasites ______		
COMMENTS			(5) Urinalysis ______		
			(6) Other ______		

Immunizations	Birth to 1 Month	2 Months	4 Months	6 Months	12-18 Months	4-6 Years
DTP						
Polio						
HIB						
Hep B						
MMR						
Other			*Note: Ages and number of boosters may vary when immunizations start at older ages.*			

For use with Activity 6 in Module 1 (& Activity 9 in Module 2)

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Handout C: Child Health Record Sample (Part 3)

CHILD HEALTH RECORD: **FORM 2B, HEALTH HISTORY (Continued)**

PERSON INTERVIEWED:__________ DATE: ______ RELATIONSHIP: ______

NAME OF INTERVIEWER:__________ TITLE: __________

PHYSICAL, PSYCHOLOGICAL, AND SOCIAL DEVELOPMENT

THESE QUESTIONS WILL HELP US UNDERSTAND YOUR CHILD BETTER AND KNOW WHAT IS USUAL FOR HIM/HER AND WHAT MIGHT NOT BE USUAL THAT WE SHOULD BE CONCERNED ABOUT:

27. CAN YOU TELL ME ONE OR TWO THINGS YOUR CHILD IS INTERESTED IN OR DOES ESPECIALLY WELL?

28. DOES YOUR CHILD TAKE A NAP? _____NO, _____YES. IF "YES" DESCRIBE WHEN AND HOW LONG.

29. DOES YOUR CHILD SLEEP LESS THAN 8 HOURS A DAY OR HAVE TROUBLE SLEEPING (SUCH AS BEING FRETFUL, HAVING NIGHTMARES, WANTING TO STAY UP LATE)? _____NO, _____YES. IF "YES" DESCRIBE ARRANGEMENTS (OWN ROOM, OWN BED, AND SO FORTH)__________

30. HOW DOES YOUR CHILD TELL YOU HE/SHE HAS TO GO TO THE TOILET?__________

31. DOES YOUR CHILD NEED HELP IN GOING TO THE TOILET DURING THE DAY OR NIGHT, OR DOES YOUR CHILD WET HIS/HER PANTS? _____NO, _____YES. IF "YES" PLEASE DESCRIBE__________

32. HOW DOES YOUR CHILD ACT WITH ADULTS THAT HE/SHE DOESN'T KNOW?

33. HOW DOES YOUR CHILD ACT WITH A FEW CHILDREN HIS/HER OWN AGE?

34. HOW DOES YOUR CHILD ACT WHEN PLAYING WITH A GROUP OF OTHER CHILDREN?

35. DOES YOUR CHILD WORRY A LOT, OR IS HE/SHE VERY AFRAID OF ANYTHING? _____NO, _____YES. IF "YES", WHAT THINGS SEEM TO CAUSE HIM OR HER TO WORRY OR TO BE AFRAID?

36. CHILDREN LEARN TO DO THINGS AT DIFFERENT AGES. WE NEED TO KNOW WHAT EACH CHILD ALREADY CAN DO OR IS LEARNING TO DO EASILY, AND WHERE THEY MIGHT BE SLOW OR NEED HELP SO WE CAN FIT OUR PROGRAM TO EACH CHILD. I'M GOING TO LIST SOME THINGS CHILDREN LEARN TO DO AT DIFFERENT AGES AND ASK WHEN YOUR CHILD STARTED TO DO THEM, AS BEST YOU CAN REMEMBER. *(INTERVIEWER: Read question for each item listed below, and check off the parent's answer in the appropriate space).*

a. WOULD YOU SAY YOUR CHILD BEGAN TO ______EARLIER THAN YOU EXPECTED, ABOUT WHEN YOU EXPECTED, OR LATER THAN YOU EXPECTED?

b. WHEN DID HE/SHE BEGIN TO ________?

	EARLIER	WHEN EXPECTED	LATER	AGE
(a) SIT UP WITHOUT HELP				
(b) CRAWL				
(c) WALK				
(d) TALK				
(e) FEED AND DRESS SELF				
(f) LEARN TO USE THE TOILET				
(g) RESPOND TO DIRECTIONS				
(h) PLAY WITH TOYS				
(i) USE CRAYONS				
(j) UNDERSTAND WHAT IS SAID TO HIM/HER				

37. DOES YOUR CHILD HAVE ANY DIFFICULTIES SAYING WHAT HE/SHE WANTS TO DO OR DO YOU HAVE ANY TROUBLE UNDERSTANDING YOUR CHILD? _____NO, _____YES. IF "YES" PLEASE DESCRIBE.

38. CHILDREN SOMETIMES GET CRANKY OR CRY WHEN THEY'RE TIRED, HUNGRY, SICK, AND SO FORTH. DOES YOUR CHILD OFTEN GET CRANKY OR CRY AT OTHER TIMES, WHEN YOU CAN'T FIGURE OUT WHY? _____NO, _____YES. IF "YES" CAN YOU TELL ME ABOUT THAT?

WHEN THIS HAPPENS, WHAT DO YOU DO ABOUT IT TO HELP THE CHILD FEEL BETTER?

39. HAVE THERE BEEN ANY BIG CHANGES IN YOUR CHILD'S LIFE IN THE LAST SIX MONTHS? _____NO, _____YES. IF "YES" PLEASE DESCRIBE.

40. ARE YOU OR YOUR FAMILY HAVING ANY PROBLEMS NOW THAT MIGHT AFFECT YOUR CHILD? _____NO, _____YES. IF "YES" PLEASE DESCRIBE.

41. IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD? _____NO, _____YES. IF "YES" PLEASE DESCRIBE?

TO BE COMPLETED BY HEAD START STAFF WITH PARENT GUARDIAN EARLY IN PROGRAM YEAR AFTER CHILD IS ENROLLED.

For use with Activity 6 in Module 1 (& Activity 9 in Module 2)

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Handout C: Child Health Record Sample (Part 4)

CHILD HEALTH RECORD: **FORM 5, DENTAL HEALTH**

(COMPLETE AT INTERVIEW)

CHILD'S NAME:______________________ SEX:________ BIRTHDATE:________

HEAD START CENTER:______________________ PHONE:________

ADDRESS:______________________

1. IS THE CHILD NOW RECEIVING: *If "yes," include length of time receiving fluoride*
   - Topical Fluoride Application? No____ Unknown____ Yes____
   - Fluoridated water? No____ Unknown____ Yes____
   - Fluoride Supplement diet? No____ Unknown____ Yes____
   - (tablets____, liquid____)

2. DOES THE CHILD HAVE ANY TROUBLE WITH TEETH, GUMS, OR MOUTH THAN THE PARENT KNOWS ABOUT?

PART I. TO BE COMPLETED BY HEAD START STAFF

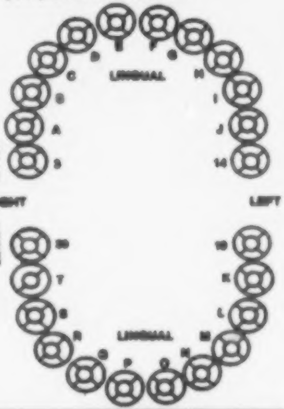
3. CHILD (___HAS, ___HAS NOT) PREVIOUSLY SEEN A DENTIST.
   Dentist's name______________ Date last visit__________
4. CHILD (___IS, ___IS NOT) UNDER A PHYSICIAN'S CARE.
   Physician's name______________
5. CHILD (___IS, ___IS NOT) RECEIVING MEDICATION.
   Type______________
6. CHILD IS REPORTED TO HAVE *(Give details or attach Health History, Form 2A).*

	YES	NO		YES	NO
Allergies	___	___	Liver Dis.	___	___
Asthma	___	___	Rheumatic Fever	___	___
Bleeding	___	___	Sickle Cell Dis.	___	___
Diabetes	___	___	Other (List Below)	___	___
Epilepsy	___	___	______________		
Heart/Vascular Dis.	___	___	______________		

7. SOURCE OF REIMBURSEMENT OR SERVICES
   - ☐ EPSDT/Medicaid
   - ☐ Federal, State, or local Agency ______________
   - ☐ Head Start
   - ☐ In-kind Provider______________
   - ☐ Parents/Guardians
   - ☐ Other (3rd Party)______________
8. PRIORITY GROUP
   - ☐ A. Needs Attention Immediately
   - ☐ B. Needs Attention Soon
   - ☐ C. Needs Routine Care

PART II. TO BE COMPLETED BY DENTAL CARE PROVIDER

9. ORAL CONDITIONS BEFORE TREATMENT: *missing (), decayed (), or filled (); indicate restorations you perform in item 10.*



10. EXAMINATION AND TREATMENT RECORD *(List recommended services in order).*

Tooth # or Letter	Surfaces	Description of Work	Treatment Approved	Date Service Performed MO.	DAY	YR.	A.D.A. Procedure Number	Actual Charges (Fee)	

11. DENTAL NEEDS *(Check one or more and return 3 copies to Head Start after first visit).*
   - ☐ A. TREATMENT (restoration, pulp therapy, extraction)
   - ☐ B. CLEANING
   - ☐ C. FLUORIDE
   - ☐ D. OTHER
   - ☐ E. NO PROBLEMS

   Approximate number of visits______________. Approximate cost______________

12. CHILD ORAL HEALTH SUMMARY *(Complete and return 2 copies to Head Start after final visit).*
   All planned treatment (____is, ____is not) complete. If not, explain here, as well as items checked.
   ____
   ____
   - ☐ a. Routine recall visits
   - ☐ b. Special home emphasis, oral hygiene
   - ☐ c. Dietary problem(s)
   - ☐ d. Developmental problem(s)
   - ☐ e. Harmful oral habits
   - ☐ f. Needs fluoride supplement

   I certify that I have completed the service(s) listed in Part II, Item 10, and that itemized charges do not exceed my usual and customary fees.

   Signature______________________ Date__________

For use with Activity 6 in Module 1 (& Activity 9 in Module 2)

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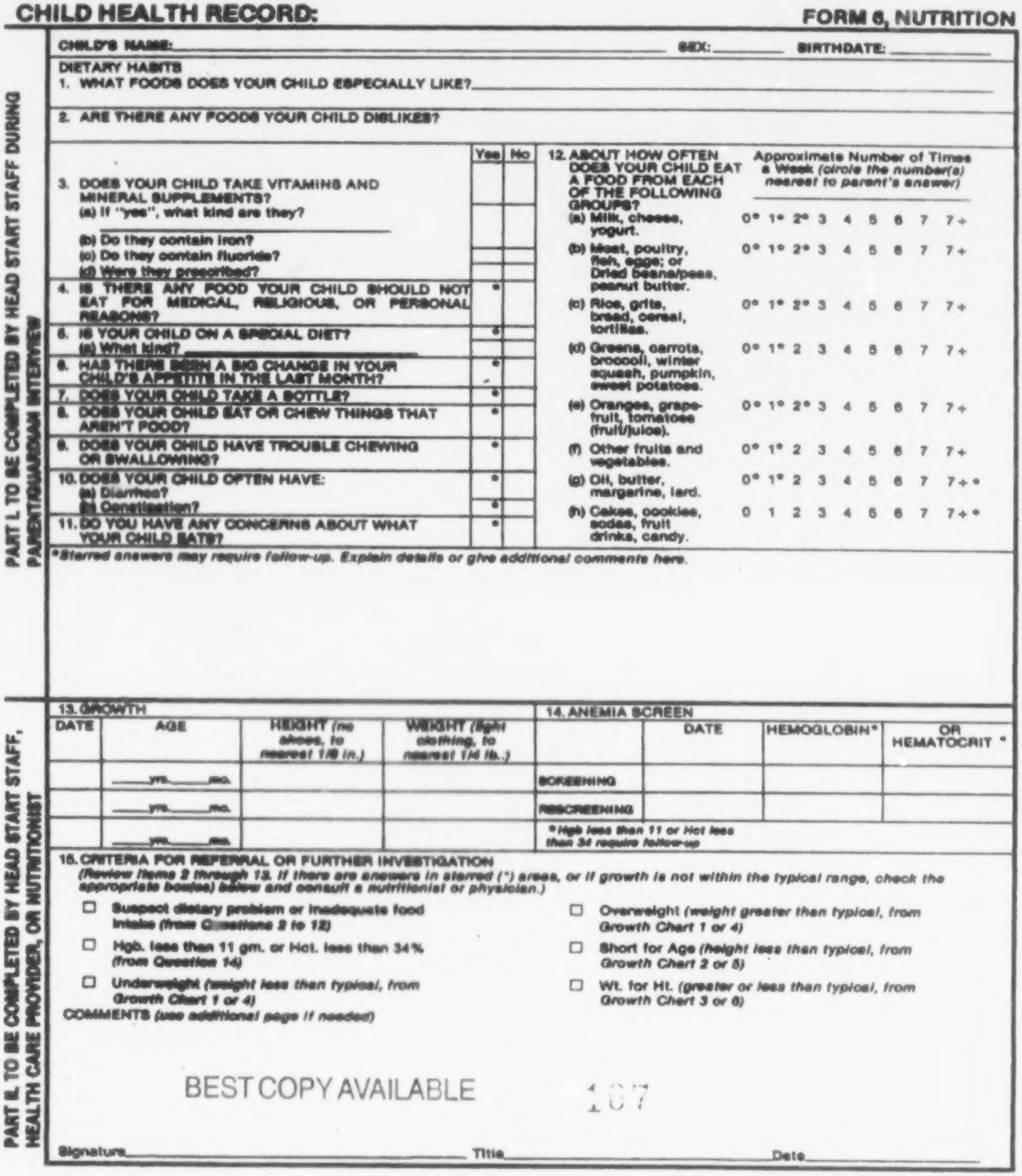
Handout C: Child Health Record Sample (Part 5)



CHILD HEALTH RECORD: **FORM 6, NUTRITION**

PART I. TO BE COMPLETED BY HEAD START STAFF DURING PARENT/GUARDIAN INTERVIEW

CHILD'S NAME: ______ SEX: ______ BIRTHDATE: ______

DIETARY HABITS

1. WHAT FOODS DOES YOUR CHILD ESPECIALLY LIKE? ______

2. ARE THERE ANY FOODS YOUR CHILD DISLIKES?

	Yes	No
3. DOES YOUR CHILD TAKE VITAMINS AND MINERAL SUPPLEMENTS?		
(a) If "yes", what kind are they? ______		
(b) Do they contain iron?		
(c) Do they contain fluoride?		
(d) Were they prescribed?		
4. IS THERE ANY FOOD YOUR CHILD SHOULD NOT EAT FOR MEDICAL, RELIGIOUS, OR PERSONAL REASONS?	*	
5. IS YOUR CHILD ON A SPECIAL DIET?	*	
(a) What kind? ______		
6. HAS THERE BEEN A BIG CHANGE IN YOUR CHILD'S APPETITE IN THE LAST MONTH?	*	
7. DOES YOUR CHILD TAKE A BOTTLE?	*	
8. DOES YOUR CHILD EAT OR CHEW THINGS THAT AREN'T FOOD?	*	
9. DOES YOUR CHILD HAVE TROUBLE CHEWING OR SWALLOWING?	*	
10. DOES YOUR CHILD OFTEN HAVE: (a) Diarrhea?	*	
(b) Constipation?	*	
11. DO YOU HAVE ANY CONCERNS ABOUT WHAT YOUR CHILD EATS?	*	

12. ABOUT HOW OFTEN DOES YOUR CHILD EAT A FOOD FROM EACH OF THE FOLLOWING GROUPS?	Approximate Number of Times a Week *(circle the number(s) nearest to parent's answer)*								
(a) Milk, cheese, yogurt.	0*	1*	2*	3	4	5	6	7	7+
(b) Meat, poultry, fish, eggs; or Dried beans/peas, peanut butter.	0*	1*	2*	3	4	5	6	7	7+
(c) Rice, grits, bread, cereal, tortillas.	0*	1*	2*	3	4	5	6	7	7+
(d) Greens, carrots, broccoli, winter squash, pumpkin, sweet potatoes.	0*	1*	2	3	4	5	6	7	7+
(e) Oranges, grapefruit, tomatoes (fruit/juice).	0*	1*	2*	3	4	5	6	7	7+
(f) Other fruits and vegetables.	0*	1*	2	3	4	5	6	7	7+
(g) Oil, butter, margarine, lard.	0*	1*	2	3	4	5	6	7	7+ *
(h) Cakes, cookies, sodas, fruit drinks, candy.	0	1	2	3	4	5	6	7	7+ *

**Starred answers may require follow-up. Explain details or give additional comments here.*

PART II. TO BE COMPLETED BY HEAD START STAFF, HEALTH CARE PROVIDER, OR NUTRITIONIST

13. GROWTH

DATE	AGE	HEIGHT *(no shoes, to nearest 1/8 in.)*	WEIGHT *(light clothing, to nearest 1/4 lb.)*
	____yrs.____mo.		
	____yrs.____mo.		
	____yrs.____mo.		

14. ANEMIA SCREEN

	DATE	HEMOGLOBIN*	OR HEMATOCRIT *
SCREENING			
RESCREENING			

*Hgb less than 11 or Hct less than 34 require follow-up

15. CRITERIA FOR REFERRAL OR FURTHER INVESTIGATION
(Review Items 2 through 13. If there are answers in starred (*) areas, or if growth is not within the typical range, check the appropriate box(es) below and consult a nutritionist or physician.)

- ☐ Suspect dietary problem or inadequate food intake (from Questions 2 to 12)
- ☐ Hgb. less than 11 gm. or Hct. less than 34% *(from Question 14)*
- ☐ Underweight *(weight less than typical, from Growth Chart 1 or 4)*
- ☐ Overweight *(weight greater than typical, from Growth Chart 1 or 4)*
- ☐ Short for Age *(height less than typical, from Growth Chart 2 or 5)*
- ☐ Wt. for Ht. *(greater or less than typical, from Growth Chart 3 or 6)*

COMMENTS *(use additional page if needed)*

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Signature______ Title______ Date______

For use with Activity 6 in Module 1 (& Activity 9 in Module 2)

Handout M: Trackville Head Start Tracking Instrument

ID. No.	HIB				Hep B			MMR
	#1	#2	#3	#4	#1	#2	#3	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

For use with Activity 9 in Module 2

Handout M: Trackville Head Start Tracking Instrument *(continued)*

ID. No.	DPT					POLIO				
	#1	#2	#3	B#1	B#2	#1	#2	#3	B#1	B#2
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										

For use with Activity 9 in Module 2

Handout M: Trackville Head Start Tracking Instrument *(continued)*

HEALTH DATA TRACKING INSTRUMENT PART A

HEAD START CENTER ______

ADDRESS ______

______

YEAR ______ CLASS ______ SHEET ______ OF ______

s = Screening
p/r = Problem Referral
d = Diagnosis
t = Treatment
e = Exam
c = Dental Cleaning
f = Dental Fluoride
i = Immunization

☐ = Procedure or service not performed.
◿ = Procedure or service performed, follow-up (re-testing, referral, or treatment) needed.
◩ = Procedure or service begun.
■ = Procedure or service completed.

NAME		I.D. No.	Medicaid Enrolled	STANDARD TESTS					
				Hearing	Visual Acu.	Strabismus	Hct.or Hgb.	Ht. & Wt., 1	Ht. & Wt., 2
1.	Birth Date:			s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t
2.	Birth Date:			s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t
3.	Birth Date:			s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t
4.	Birth Date:			s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t
5.	Birth Date:			s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t
6.	Birth Date:			s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t
7.	Birth Date:			s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t
8.	Birth Date:			s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t
9.	Birth Date:			s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t
10.	Birth Date:			s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t
11.	Birth Date:			s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t
12.	Birth Date:			s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t
13.	Birth Date:			s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t
14.	Birth Date:			s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t
15.	Birth Date:			s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t

For use with Activity 9 in Module 2

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Handout M: Trackville Head Start Tracking Instrument *(continued)*

HEALTH DATA TRACKING INSTRUMENT **PART B**

HEAD START CENTER ____________________
ADDRESS ____________________
____
YEAR ________ CLASS ________ SHEET ____ OF ____

s = Screening
p/r = Problem Referral
d = Diagnosis
t = Treatment
e = Exam
c = Dental Cleaning
f = Dental Fluoride
i = Immunization

☐ = Procedure or service not performed.
⧄ = Procedure or service performed, follow-up (re-testing, referral, or treatment) needed.
◪ = Procedure or service begun.
■ = Procedure or service completed.

ID. No.	TESTS AS APPROPRIATE							Medical Exam		Dental Services
	TB	Lead	Sickle Cell							
1.	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t		e p/r d t		e t c f
2.	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t		e p/r d t		e t c f
3.	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t		e p/r d t		e t c f
4.	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t		e p/r d t		e t c f
5.	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t		e p/r d t		e t c f
6.	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t		e p/r d t		e t c f
7.	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t		e p/r d t		e t c f
8.	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t		e p/r d t		e t c f
9.	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t		e p/r d t		e t c f
10.	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t		e p/r d t		e t c f
11.	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t		e p/r d t		e t c f
12.	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t		e p/r d t		e t c f
13.	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t		e p/r d t		e t c f
14.	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t		e p/r d t		e t c f
15.	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t	s p/r d t		e p/r d t		e t c f

For use with Activity 9 in Module 2

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Handout M: Trackville Head Start Tracking Instrument *(continued)*

HEALTH DATA TRACKING INSTRUMENT

PART D

ADDITIONAL CHILD-SPECIFIC INFORMATION (Include any other information about health status that will help with case management.)

HEAD START CENTER ____________________

ADDRESS ____________________

____

YEAR ________ CLASS ____________ SHEET ____ OF ____

ID. No.	TEST RESULTS (Screening, blood pressure, Hct., Hgb.)	OTHER IMPORTANT INFORMATION (Critical dates, atypical/abnormal findings, allergies, nutrition deficiencies, recommendations.)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

For use with Activity 9 in Module 2

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